

88, December 27

4

State of Minnesota

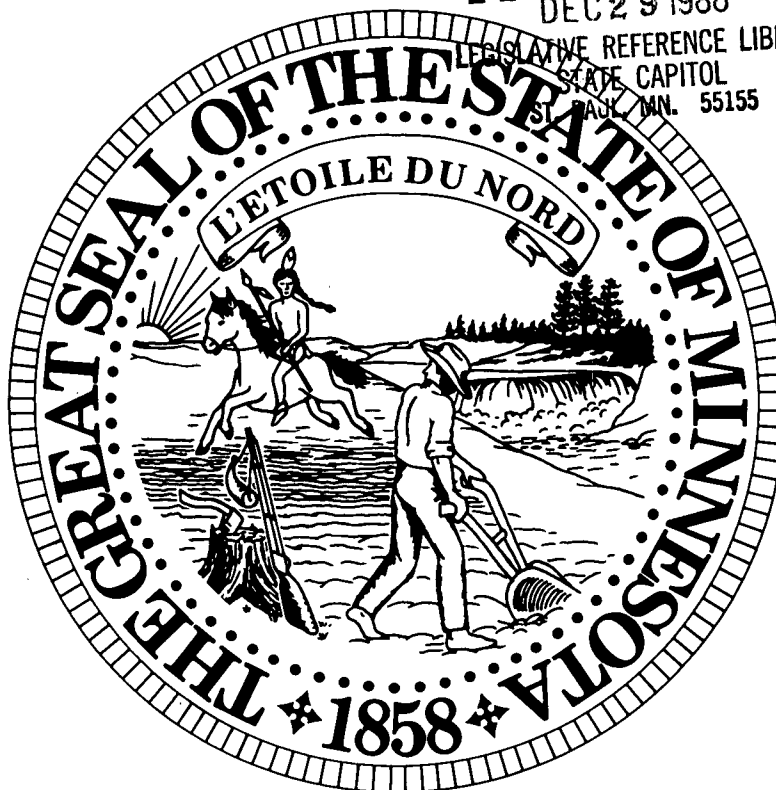
STATE REGISTER

Department of Administration—Print Communications Division

RECEIVED

DEC 29 1988

LEGISLATIVE REFERENCE LIBRARY
STATE CAPITOL
ST. PAUL, MN. 55155



Published every Monday

27 December 1988

Volume 13, Number 26

Pages 1475-1674

STATE REGISTER

Judicial Notice Shall Be Taken of Material Published in the State Register

The *State Register* is the official publication of the State of Minnesota, containing executive orders of the governor, proposed and adopted rules of state agencies, official notices to the public, state and non-state public contracts, grants, supreme court and tax court decisions, and a monthly calendar of cases to be heard by the state supreme court.

Printing Schedule and Submission Deadlines

Vol. 13 Issue Number	*Submission deadline for Executive Orders, Adopted Rules and **Proposed Rules	*Submission deadline for State Contract Notices and other **Official Notices	Issue Date
26	Monday 12 December	Friday 16 December	Tuesday 27 December
27	Monday 19 December	Friday 23 December	Monday 2 January
28	Friday 23 December	Friday 30 December	Monday 9 January
29	Friday 30 December	Monday 9 January	Monday 16 January

*Deadline extensions may be possible at the editor's discretion; however, none will be made beyond the second Wednesday (12 calendar days) preceding the issue date for rules, proposed rules and executive orders, or beyond the Wednesday (5 calendar days) preceding the issue date for official notices. Requests for deadline extensions should be made only in valid emergency situations.

**Notices of public hearings on proposed rules and notices of intent to adopt rules without a public hearing are published in the Proposed Rules section and must be submitted two weeks prior to the issue date.

Instructions for submission of documents may be obtained from the State Register editorial offices, 504 Rice Street, St. Paul, Minnesota 55103, (612) 296-4273.

The *State Register* is published by the State of Minnesota, Department of Administration, Print Communications Division, 117 University Avenue, St. Paul, Minnesota 55155, pursuant to Minn. Stat. § 14.46. Publication is weekly, on Mondays, with an index issue in September. In accordance with expressed legislative intent that the *State Register* be self-supporting, the subscription rate has been established at \$130.00 per year, postpaid to points in the United States. Second class postage paid at St. Paul, Minnesota. Publication Number 326630. (ISSN 0146-7751) No refunds will be made in the event of subscription cancellation. Single issues may be obtained at \$3.50 per copy.

Subscribers who do not receive a copy of an issue should notify the *State Register* Circulation Manager immediately at (612) 296-0931. Copies of back issues may not be available more than two weeks after publication.

Rudy Perpich, Governor
Sandra J. Hale, Commissioner
Department of Administration
Stephen A. Ordahl, Director
Print Communications Division

Robin PanLener, Editor
Paul Hoffman, Assistant Editor
Debbie Kobold, Circulation Manager
Bonita Karels, Staff Assistant

FOR LEGISLATIVE NEWS

Publications containing news and information from the Minnesota Senate and House of Representatives are available free to concerned citizens and the news media. To be placed on the mailing list, write or call the offices listed below:

SENATE

Briefly-Preview—Senate news and committee calendar; published weekly during legislative sessions.

Perspectives—Publication about the Senate.

Session Review—Summarizes actions of the Minnesota Senate.

Contact: Senate Public Information Office
Room 231 State Capitol, St. Paul, MN 55155
(612) 296-0504

HOUSE

Session Weekly—House committees, committee assignments of individual representatives; news on committee meetings and action. House action and bill introductions

This Week—weekly interim bulletin of the House.

Session Summary—Summarizes all bills that both the Minnesota House of Representatives and Minnesota Senate passed during their regular and special sessions.

Contact: House Information Office
Room 175 State Office Building, St. Paul, MN 55155
(612) 296-2146

Contents

Minnesota Rules: Amendments & Additions

Cumulative Index to Issues #1-26 1478

Proposed Rules

Labor & Industry Department

Employee right-to-know standards 1482
Employment agencies; fees 1522
Workers' compensation medical fees 1524

Adopted Rules

Health Department

Fees for food, beverage and lodging establishments 1652
Radiation control 1652

Emergency Rules

Agriculture Department

Adopted emergency rules for testing of equipment
and equipment operators involved in determining
the quality and condition of grain received for
purchase or storage 1652

Executive Orders

#88-13: Providing for humanitarian relief for the
Republic of Armenia 1653

Official Notices

Marriage and Family Therapy Board

Meeting schedule for 1989 1654

Office of Social Work and Mental Health Boards

Meeting schedule for 1989 1654

Pollution Control Agency

Opinion sought on rules for air pollution permit fees 1654
Opinion sought on rules for state water quality standards 1655

State Contracts & Advertised Bids

Administration Department

Materials Management Division: Contracts & Bids 1656
Awards 1657
Print Communications Division: Contracts 1660
Awards 1661

Jobs & Training Department

Request for proposals for summer programs 1989 1661

Minnesota Environmental Education Board

Availability of elementary environmental education
curriculum planning and inservicing contract 1662

Public Service Department: Energy Division

Request for proposals for contractual services to
evaluate the performance of four wind generators
in Minnesota 1662
Request for proposals for energy efficient
construction demonstration project 1663

Non-State Public Contracts

Ramsey County Library

Contract availability for consultant to provide staff
support for library planning and development 1663

State Grants

Health Department

Financial summary of activities funded in 1989 for
federal block grant for preventive health and
health services 1664

Human Services Department

Grant funds available for attention deficit disorder 1665

Supreme Court Calendar

Schedule of cases to be heard during January 1989 1666

Supreme Court Decisions

Decisions and Orders filed Friday 23 December 1988 ... 1668

Announcements 1669

Minnesota Rules: Amendments and Additions

NOTICE: How to Follow State Agency Rulemaking in the State Register

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 75 state agencies have the authority to issue rules. Each agency is assigned specific *Minnesota Rule* chapter numbers. Every odd-numbered year the *Minnesota Rules* are published. This is a ten-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Proposed and adopted emergency rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

If an agency seeks outside opinion before issuing new rules or rule amendments, it must publish a NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION in the *Official Notices* section of the *State Register*. When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as **Proposed Rules**. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the *Minnesota Guidebook to State Agency Services*.

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues 1-13 inclusive; issues 14-25 inclusive; issue 26, cumulative for issues 1-26; issues 27-38 inclusive; issue 39, cumulative for 1-39; issues 40-51 inclusive; and issue 52, cumulative for 1-52. An annual subject matter index for rules appears in August. For copies of the *State Register*, a subscription, the annual index, the *Minnesota Rules* or the *Minnesota Guidebook to State Agency Services*, contact the Print Communications Division, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000 or toll-free in Minnesota 1-800-652-9747 and ask for "Documents."

Cumulative Index of Rulemaking Activity in Issues 1-26, Volume 13

Minnesota State Agricultural Society (Minnesota State Fair)

S.F. 1.1-.21; S.F. 2.1-.18; S.F. 3.1-.14 (adopted) 1369

Agriculture Department

1505.2000-.2070 (adopted) 494

1511.0100-.0170 (proposed emergency) 982

1511.0100-.0170 (adopted emergency) 1652

1525.1110; .1410; .1470; .1510; .2020; .2320; .2330; .2390;

.2430; .2520; 1530.0740; .0750; .0810 (proposed) 165

1525.0510; .0520; .0550; .1470; s.3; .2030; .2040; .2050;

.2060; .2070; .2090; .2100; .2110; .2120; .2130; .2140;

.2150; .2160; .2170; .2180; .2190; .2200; .2210; .2220;

.2230; .2240; .2250; .2260; .2270; .2280 .2290

(proposed repealer) 165

525.1110; .1410; .1470; .1510; .2020; .2320; .2330; .2390;

.2430; .2520; 1530.0740; .0750; .0810 (adopted) ... 980 and 1107

1525.0510; .0520; .0550; .1470 s.3; .2030; .2040; .2050;

.2060; .2070; .2090; .2100; .2110; .2120; .2130; .2140;

.2150; .2160; .2170; .2180; .2190; .2200; .2210; .2220;

.2230; .2240; .2250; .2260; .2270; .2280;

.2290 (repealed) 980 and 1107

1547.0001-.0112 (adopted) 38

Animal Health Board

1700.2700; 1715.0760 (adopted) 173

Attorney General

2010.0300; .0500; .9915; .9940; .9960 (adopted) 1376

Barber Examiners Board

2100.0100; .0200; .0300; .0500; .0600; .0900; .1000; .1200;

.1300; .1400; .1500; .2500; .2600; .2700; .2900; .3200; .4500;

.5000; .5100; .5400; .5600; .5700; .6000; .6100; .7700;

.8100; 9300 (proposed) 640

2100.0400; 1600; .2800; .4300; .4400; .5200 s.3, 4; .6500;

.7200; .7300; .7400; .7500; .8300 (proposed repealer) 640

Commerce Department

2640.0100; .1100; .1700; .3300; .3500; .4100; .5100;

.5200; .5500; .5600; .6000; .6700; .6800; .6900; .7000;

.8200; .8900; .9200 (adopted) 1056

2640.0100 s.7 (repealed) 1056

2655.0700-.1300 (proposed) 691

2660.0010-.0110 (proposed) 696

2675.6400 (proposed) 689

2675.6400 (withdrawn) 975

2755.0400 (proposed) 1175

2780.9921 (proposed) 688

2780.9921 (proposed repealer) 688

2790.0200 (proposed repealer) 335

2790.0200 (repealed) 1378

2790.1750-.1751; .2200 (proposed) 335

2790.1750-.1751; .2200 (adopted) 1378

2875.0115; .0116; .3500; .3531-.3533 (proposed) 119

2875.3500 s.4 (proposed repealer) 119

2875.0115; .0116; .3500; .3531-.3533 (adopted) 1379

2875.3500 s.4 (repealed) 1379

2890.0010; .0060; .0130 (adopted) 496

Jobs & Training Department

3300.0100; .0200; .0400; .0500; .0601 (adopted) 932

3300.0500 s.2 (repealed) 932

3310.0400; .0500; 3315.0200 s.2,3,4; .1100 s.1; .3400 s.1;

.6200 s.2 (repealed) 1057

3315.0100; .0200-.0202; .0210; .0300; .0400; .0500; .0600;

.0810; .0915; .1000; .1100; .1200; .1301; .1310; .1315;

.1400; .1500; .1600; .1650; .1700; .1800; .1900; .2010;

.2100; .2200; .2410; .2610; .2700; .2750; .2810; .3210;

.3220; .3600; .3700; .3800; .4100; .5100;

.6100 (adopted) 1057

3315.0300-.6200 s.1 (renumbered) 1057

Education Department

3500.0550 (proposed) 800

3500.0710 (proposed) 77

3500.0700 (proposed repealer) 77

3515.5700; .7200 (overlap period repealer) 1048

3515.8400-.8800; .9000 (proposed repealer overlay period) .. 254

3515.8400-.8800; .9000 (repealed overlay period) 1238

3520.0200; .0300; .0400; .1000; .1200; .1800; .2400; .3000; .3680; .3700; .3701; .3801; .3802; .3900; .4001; .4100; .4201; .4301; .4400; .4500; .4510; .4531; .4540; .4550; .4560; .4570; .4600; .4610; .4620; .4630; .4640; .4650; .4670; .4680; .4701; .4711; .4720; .4731; .4741; .4750; .4761; .4801; .4811; .4831; .4840; .4850; .4900; .4910; .4930; .4980; .5000; .5010; .5111; .5120; .5141; .5151; .5160; .5171; .5180; .5190; .5200; .5220; .5230; .5300; .5310; .5330; .5340; .5361; .5370; .5380; .5401; .5450; .5461; .5471; .5481; .5490; .5510; .5520; .5531; .5551; .5560; .5570; .5580; .5600; .5611; .5700; .5710; .5900; .5910; .5920 (proposed) 5 and 705	
3520.0500; .0700; .0800; .0900; .1100; .1700; .1900; .2000; .2100; .2200; .2300; .3700 s.2,3; .3800; .4000; 4100 s.4; .4200; .4210; .4220; .4230; .4240; .4250; .4260; .4300; .4510 s.1,2; .4520; .4530; .4580; .4600 s.2,3,4,5; .4610 s.3,4; .4660; .4690; .4700; .4710; .4730; .4740; .4760; .4770; .4800; .4810; .4820; .4830; .4850 s.2,4; .4860; .4870; .4900 s.1,2,3,4,5,8,9,10; .4920; .4940; .4950; .4960; .4970; .4990; .5020; .5100; .5110; .5130; .5140; .5150; .5170; .5200 s.5; .5210; .5300 s.2; .5320; .5350; .5360; .5400; .5410; .5420; .5430; .5440; .5450 s.2; .5460; .5470; .5480; .5530; .5540; .5550; .5580 s.3; .5610; .5800 (proposed repealer) 5 and 705	
Arts School & Resource Center	
3600.0010-.0070 (adopted) 528	
Vocational Technical Education Board	
3700.0100; .0200; .0205; .0210; .0215; .0220; .0225; .0230; .0235; .0240; .0245; .0250; .0255; .0260; .0265; .0270; .0275; .0280; .0290 (proposed) 1048	
3700.0205 s.5,6 (proposed repealer) 1048	
3700.0900-.0903 (proposed) 254	
3700.0900-.0903 (adopted) 1238	
3709.0100-.0220 (proposed) 1143	
Electricity Board	
3800.0900 (proposed) 648	
3800.0900 (adopted) 1437	
Energy Division—Public Service Department	
4155.0100; .0110; .0120; .0130; .0135; .0145; .0155; .0160; .0170 (adopted) 532 and 754	
4155.0120 s.8,20; .0130 s.9, 12, 14; .0140; .0180 (repealed) 532 and 754	
Rural Development Board	
4370.0010-.0080 (adopted) 130	
Environmental Quality Board	
4410.0200; .0400; .1000; .1100; .1300; .1700; .2000; .2100; .2800; .3000; .3100; .3110; .3600; .3800; .4300; .4400; .4600; .5000; .6000; .6200; .6300; .6400 (proposed) 440	
4410.0200 s.66, 72, 74; .1700 s.8; .3100 s.3; .6100 s.2; .6200 s.3; .6400 s.2 (proposed repealer) 440	
4410.0200; .0400; .1000; .1100; .1300; .1700; .2000; .2100; .2800; .3000; .3100; .3110; .3600; .3800; .4300; .4400; .4600; .5000; .6000; .6200; .6300; .6400 (adopted) ... 1437	
4410.0200 s.66, 72, 74; .1700 s.8; .3100 s.3; .6100 s.2; .6200 s.3; .6400 s.2 (repealed) 1437	
4415.0010-.0215 (proposed) 802	
Health Department	
4606.3300-.3309 (adopted) 528	
4606.3300-.3309 (adopted) 568	

4617.0002; .0060-.0100 (proposed) 383	
4617.0002; .0060; .0061; .0062; .0063; .0064; .0065; .0070; .0075; .0080; .0085; .0090; .0095; .0100 (adopted) 1190	
4625.2300; .5000 (proposed) 817	
4625.2300; .5000 (adopted) 1652	
4625.2401-.7801 (proposed) 706	
4625.2400-.4900 (proposed repealer) 706	
4630.2000 (proposed) 817	
4630.2000 (adopted) 1652	
4655.1070-.1100 (proposed emergency) 130	
4655.1070-.1100 (proposed emergency) 260	
4655.1070; .1072; .1074; .1076; .1078; .1080; .1082; .1084; .1086; .1088; .1090; .1092; .1094; .1096; .1098; .1100 (adopted emergency) 1270	
4670.2300 (proposed) 168	
4670.2300 (adopted) 1057	
4670.4200; .4210; .4220; .4230; .4240 (proposed) 1023	
4730.0500 (proposed) 975	
4730.0500 (adopted) 1652	
4740.0100-.0310 (proposed emergency) 602 and 754	
Board of Social Work	
4740.0100-.0300 (adopted emergency) 1381	
4740.0100-.0170 (proposed) 1079	
4740.1010-.1090 (proposed) 1079	
Higher Education Coordinating Board	
4830.0100; .0400; .0600; .0700; .1552; .1555; .1560-.1565; .2600; .4850.0011; .0014; .0016; .0017 (adopted) 128	
4830.0600 s.1 b-1 d (repealed) 128	
Housing Finance Agency	
4900.0010; .0610; .0630; .0640; .0660 (proposed) 1264	
4900.0640 subpart 3 (proposed repealer) 1264	
4900.1530-.1533; .1550; .1560; .1570 (proposed repealer) ... 80	
4900.1530-.1533; .1550; .1560; .1570 (repealed) 932	
Occupational Safety and Health Review Board	
5200.0500; .0600; .0610; .0620; .0680; .0700; .0800 (proposed) 1523	
5200.1105 (adopted) 660	
5205.0010 (proposed) 122	
5205.0010 (proposed) 1432	
5205.0010 (adopted) 577	
5206.0100; .0700; .0800; .1000 (proposed) 1482	
5206.0100 s.15,18; 5206.0300 s.4; 5206.1000 s.3 (proposed repealer) 1482	
5215.0700 s.1 (proposed renumbering) 1266	
5215.0710; .0720; .0750; .2530 s.6 (proposed repealer) 1266	
5215.0711; .0721; .0730; .2000; .2560; .5300; .6100 (proposed) 1266	
Labor & Industry Department	
5221.0100; .0200; .0300; .0400; .0500; .0550; .0600; .0700; .0800; .1000; .1100; .1200; .1210; .1220; .1300; .1500; .1600; .1800; .1900; .1950; .2000; .2050; .2070; .2100; .2200; .2250; .2300; .2400; .2500; .2600; .2650; .2700; .2750; .2800; .2900; .3000; .3100; .3150; .3160; .3170; .3200; .3310 (proposed) .. 1524	
5221.0900; .1400 (proposed repealer) 1524	
5221.1000 s.7 proposed renumbering to 5221.0700 s.3 item C, subitems (1)-(20) 1524	
5225.0010; .0090; .0500; .0550; .0600; .0700; .0880; .0900; .1000; .1200; .1350; .2100; .2200; .2400; .2500; .2600; .2610; .3100; .3200; .3400; .3500; .4000; .4100; .4200; .4300; .4400; .4500; .4600; .4700; .4800; .4900; .5000; .5100; .5200; .9000 (proposed) 912	
5225.0800; .2000; .2500 s. 1, 2; .2800 (proposed repealer) .. 912	

Minnesota Rules: Amendments & Additions

Marriage and Family Therapy Board

5300.0100-.0360 (proposed emergency) 984

Mediation Services Bureau

5510.2410; .2905; .2915; .2930; .3005 (proposed) 230

5510.2410; .2905; .2915; .2930; .3005 (adopted) 1275

5510.2810 s.6; .2910; .3010; .3110 (proposed repealer) 230

5510.2810 subpart 6; .2910; .3010; .3110 (adopted repealer) 1275

5520.0100-.0800 (proposed) 560

Municipal Board

6000.3400 (adopted) 496

Natural Resources Department

6105.0900; .0910 (adopted) 38

6115.0060; .0065; .0080; .0120 (proposed) 1229

6116.0010-.0070 (proposed) 124

6116.0010-.0070 (adopted) 1235

6120.2500; .2600; .2800; .3100; .3200; .3300;

.3400; .3500; .3800; .3900 (proposed) 462

6120.0100-.2100; .2500 s.4,6,18; .2700; .2900;

.3300 s.6; .3400 s.1; .3600; .3700; .3900 s.2

(proposed repealer) 462

Nursing Home Administrator Licensure Board

6400.0600; .0700; .0800; .0900; .1300; .1400; .1700;

.1800; .1900; .2000; .2200; .2400; .2500 (proposed) 432

6400.2100; .2200 s.2; .2300; .2700; .2800 (proposed repealer) 432

Optometry Board

6500.2000 (proposed) 1368

Pharmacy Board

6800.1150; .1300 (proposed) 738

6800.2800 (proposed repealer) 738

Podiatric Medicine Board

6900.0010; .0020; .0030; .0160; .0200; .0210; .0250;

.0300; .0400 (adopted) 1237

6900.0300 s.6 (repealed) 1237

Pollution Control Agency

Chapters 7001 and 7005 (revisor's instructions) 1092

7001.0150; .0560; .0650; .0730; 7045.0020; .0075; .0125;

.0127; .0135; .0214; .0365; .0450; .0458; .0478; .0552;

.0564; .0584; .1300; .1305; .1310; .1315; .1320; .1325;

.1330; .1350; .1355; .1360; .1380 (adopted) 1238

7001.0020-.3550; 7035.0300-.2875 (adopted) 1150

7001.0020; .1200; .1210; .1215; .1220; 7002.0020; .0100;

7005.0100; .0116; .0520; .1310; .1600; .2860; .2950; .2960;

.2990 (proposed) 1086

7001.0560; .0580; .0650; .7045.0020; .0075; .0120; .0219;

.0292; .0452; .0478; .0490; .0498; .0528; .0556; .0564; .0584;

.0600; .0608; .0628; .0629 (adopted) 259

7001.0640; 7045.0135; .0141; .0143; .0484; .0494;

.0518 (adopted) 577

7002.0020 s.8 (proposed repealer) 1086

7005.0100; .3020; .3030; .3040; .3050; .3060 (proposed) 1092

7005.0100 s.9,10a,44; .3030 s.3,4,14,15,16,17,18,19;

.3040 s.6 (proposed repealer) 1092

7005.0390; .0400; .1850 s.8; Chapter 7002 (revisor's

instructions) 1086

7035.0100; .0200; .0500; .0900; .1000; .1500; .2000;

.2100; .2200; .2300; .2400 (repealed) 1150

7042.0030 (adopted) 601

7045.0528 s.9 (repealed) 259

7045.0020; .0075; .0528; .0628 (adopted) 259

7046.0020; .0031; .0040; .0050; .0070 (proposed) 925

7075.0409; .0411; .0428; .1010; .1020; .1030; .1040; .1050;

.1060; .1070; .1080; .1090; .1095 (emergency extended) 308

7075.0409; .0411; .0428; (proposed) 1181

7075.1005; .1010; .1020; .1030; .1040; .1050; .1060;

.1070; .1080; .1090; (proposed) 1176

7075.1105; .1110; .1115; .1120; .1125; .1130; .1135; .1140;

.1145; .1150; .1155; .1160 (adopted) 1238

7075.1400-.1530 (proposed) 338

7075.2505; .2510; .2515; .2520; .2525; .2530; .2535; .2540;

.2545; .2550 (proposed) 649

7076.0100-.0290 (adopted) 660

7080.0010; .0020; .0030; .0040; .0060; .0080; .0100; .0110;

.0120; .0130; .0150; .0160; .0170; .0200; .0210 (proposed) 232

7080.0020 s.17, 22, 51; .0020; .0230; .0240

(proposed repealer) 232

Psychology Board

7200.0100; .0400; .0500; .0600; .0800; .0900; .1000; .1100;

.1200; .1300; .1410; .1450; .1600; .1700; .1800; .2000;

.2600; .3000; .3200; .3500; .3510; .3605; .3610; .3620;

.3700; .3900; .4600; .4700; .4810; .4900; .5000; .5100;

.5200; .5300; .5400; .5600; .5700; .6000 (proposed) 876

7200.1400; .3600; .3800; .4800; 5200 s.6 (proposed repealer) 876

Trade & Economic Development Department

7380.0100-.0130 (proposed) 745

7380.0400; .0410; .0420; .0430; .0440; .0450; .0460; .0470;

.0480 (proposed) 654

7380.0500-.0582 (proposed) 742

7380.0600-.0650 (proposed) 746

7380.0700-.0780 (proposed) 746

Public Safety Department

(see merit system rules 9575.0620) (proposed) 171

7406.0450 (proposed) 344

7406.0100; .0300; .0500; .0700 (proposed) 977

7410.2500; .2600; .2610; .2800 (adopted) 980

7414.0200; .0400; .1200 (proposed) 739

7414.0200; .0400; .1200 (adopted) 1448

7505.0100; .0200; .0400; .0600; .0700; .1900;

.2700-.3000 (adopted) 661

7505.0500; .0800-.1800; .2000-.2500 (repealed) 661

7520.1000; .1100 (proposed) 1044

7530.0010; .0020; .0030; .0040; .0050; .0060

(proposed emergency) 1276

Public Service Department

7605.0100-.0160 (proposed) 1232

Public Utilities Commission

7815.0100; .0700; .0800; .0900; .1000; .1050; .1100;

.1200; .1400; .1500; .1600 (withdrawn) 1436

7817.0100; .0200; .0300; .0400; .0600; .

.0900 (proposed) 1185

7840.1150 (proposed) 930

Charitable Gambling Control Board

7860.0090 (proposed emergency) 662

7860.0090 (adopted emergency) 1437

Minnesota Racing Commission

7869.0100; 7870.0490; 7877.0110; .0170; .0175;

7883.1060; 7884.0170; 7890.0100; .0140;

7891.0100; 7895.0100 (adopted) 38

Revenue Department

8100.0200; .0300 (adopted) 394

Minnesota Rules: Amendments & Additions

Secretary of State

8210.0200; .9910; .8230.4350 (adopted)	259
8250.0100; .0600; .1600-.1800; .9910; .9920 (adopted)	347

Reinvest in Minnesota (RIM) Reserve Program

8300.2500-.2509 (proposed repealer)	746
8300.4500-.5100 (proposed repealer)	746
8400.3000-.3930 (proposed)	109
8400.3000-.3930 (adopted)	1056

Teaching Board

8700.5200 (adopted)	753
---------------------	-----

Telecommunication Access for Communication-Impaired Persons Board

8775.0100-.0600 (proposed emergency)	497
--------------------------------------	-----

Transportation Department

8800.2800 (adopted)	1154
8850.6900-.9050; 8855.0300-.0850 (adopted)	38
7800.0100 s.2,9,10; .0300; .1200; .1300; .1900; .3500; .3700-.8200; 7805.1400-.3600 (repealed)	38

Unlicensed Mental Health Service Providers Board

9000.0050-.0200 (proposed emergency)	1102
--------------------------------------	------

Waste Management Board

9220.0900-.0935 (proposed)	565
----------------------------	-----

Human Services Department

REVISOR INSTRUCTIONS (proposed)	911
REVISOR INSTRUCTIONS (adopted)	1448
9500.1090; .1095; .1100; .1130 (proposed)	859
9500.1100 s .21a (proposed repealer)	859
9500.1206; .1232; .1257; .1262; .1266 (proposed)	1028
9503.0005-.0170 (adopted)	173
9505.0175; .0476-.0491 (proposed)	215
9505.0175; .0476-.0491 (adopted)	1439
9505.0275; .1693; .1696; .1699; .1701; .1703; .1706; .1709; .1712; .1715; .1718; .1724; .1727; .1730; .1733; .1736; .1739; .1742; .1745; .1748 (adopted)	1150

9505.1500-.1690 (repealed)	1150
9505.0297; .0446 (proposed)	1224
9505.0500; .0510; .0520; .0521; .0522; .0530; .0540 (proposed)	864
9505.2250; .2260; .2270; .2280; .2290; .2300; .2310; .2320; .2330; .2340; .2350; .2360; .2370; .2380 (repealed)	258
9505.2390-.2500 (adopted)	258
9505.5000; .5005; .5010; .5015; .5035; .5040; .5050; .5055; .5060; .5065; .5070; .5075; .5080; .5090; .5096; .5100; .5105 (proposed)	855
9505.5095 (proposed repealer)	855
9525.0210; .0220; .0230; .0240; .0250; .0260; .0270; .0280; .0290; .0300; .0310; .0320; .0330; .0340; .0350; .0360; .0370; .0380; .0390; .0400; .0410; .0420; .0430 (proposed repealer)	836
9525.0215-.0355 (proposed)	836
9525.2000-.2140 (proposed)	824
9545.0510-.0670 (repealed)	173
9549.0059; .0060 (adopted)	130
9560.0071-.0102 (adopted)	529
9560.0070; .0080; .0090 (repealed)	529
9560.0210-.0234 (adopted)	303
9560.0250; .0260; .0270; .0280; .0290; .0300 (repealed)	303
9560.0650-.0656 (proposed)	731
9560.0650-.0656 (adopted)	1448
9560.0650 s.2 (proposed repealer)	731
9560.0650 s.2 (repealed)	1448
9575.0620 (proposed)	170
9575.0620 (adopted)	1057
9575.1500 (proposed)	1031

Workers' Compensation Court of Appeals

9800.0100; .0300; .0400; .0500; .0510; .0900; .1000; .1100; .1400; .1500; .1600; .1710; .1720; .1800 (proposed)	34
9800.0500 s.2; .0600; .0900 s.4; .1300 (proposed repealer)	34
9800.0100; .0300; .0400; .0500; .0510; .0900; .1000; .1100; .1400; .1500; .1600; .1710; .1720; .1800 (adopted)	981
9800.0500 s.2; .0600; .0900 s.4; .1300 (repealed)	981

Proposed Rules

Pursuant to Minn. Stat. §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules; and
4. that the rule may be modified if the modifications are supported by the data and views submitted.

If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Department of Labor and Industry

Proposed Permanent Rules Relating to Employee Right-to-Know Standards

Request for Comments

NOTICE IS HEREBY GIVEN that the Department of Labor and Industry, Occupational Safety and Health Division (Minnesota OSHA), proposes to adopt the following amendments and additions to the Department of Labor and Industry, Occupational Safety and Health Rules. Statutory authority to adopt these rules is *Minnesota Statutes* § 182.655.

The Employee Right-to-Know Act was passed by the Minnesota Legislature in 1983; several amendments were passed in 1984, 1985, 1986 and 1987. The Employee Right-to-Know Standard, adopted on March 5, 1984, is being amended to reflect the amendments made to the Act. This proposal also includes additions to the hazardous substances and infectious agents lists.

All persons have 30 days in which to submit comments in support of, or in opposition to, the proposed rules or any part or subpart of the rules. Comments are encouraged. Each comment must identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any interested or affected person may make a written request for a public hearing on the rule within the 30-day comment period. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the proposed rule addressed, the reason for the request, and any change proposed.

Written comments, objections, or requests for hearing should be submitted to: Patricia Lorentz, Occupational Safety and Health Division, Department of Labor and Industry, 443 Lafayette Road, St. Paul, Minnesota 55101, (612) 297-3254.

Ken Peterson, Commissioner
Labor and Industry

Rules as Proposed

5206.0100 DEFINITIONS.

Subpart 1. [Unchanged.]

Subp. 1a. Carcinogen. "Carcinogen" means any substance that causes the development of cancerous growths in living tissue. For the purpose of this standard, a substance is considered to be a carcinogen or potential carcinogen if:

A. it has been evaluated by the International Agency for Research on Cancer (IARC) and is listed as a carcinogen or potential carcinogen in "Monographs" (latest edition);

B. it is listed as a carcinogen or potential carcinogen in the "Annual Report on Carcinogens" published by the National Toxicology Program (NTP) (latest edition);

C. it is listed as a confirmed or suspected human carcinogen by the American Conference of Governmental Industrial Hygienists (ACGIH) and published in the "Threshold Limit Values and Biological Exposure Indices" (latest edition); or

D. it is regulated as a carcinogen or potential carcinogen under Code of Federal Regulations, title 29, part 1910, subpart Z, "Toxic and Hazardous Substances."

Subp. 1b. Clinic. "Clinic" means a physician's office providing outpatient care.

Subp. 2. [Unchanged.]

Subp. 2a. Container. “Container” means any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, or the like that contains a hazardous chemical. For purposes of this part, pipes, piping systems, or pipelines are not considered to be containers.

Subp. 3. to 7. [Unchanged.]

Subp. 7a. Hazard warning. “Hazard warning” means any words, pictures, symbols, or combination of these which convey the hazards of the hazardous substances in the containers.

Subp. 8. and 9. [Unchanged.]

Subp. 10. Immediate-use container. “Immediate-use container” means a container into which substances are transferred from labeled containers and which is intended only for the immediate use of the employee who performs the transfer, or a test tube, beaker, vial, or similar container which is routinely used and reused will be under the control of and used only by the person who transfers it from a labeled container and only within the work shift in which it is transferred. This applies to containers such as test tubes, beakers, graduates, vials, pitchers, pails, or similar containers which are routinely used and reused.

Subp. 11. Infectious agent. “Infectious agent” means a communicable bacterium, rickettsia, parasites, virus, or fungus determined by the commissioner by rule, with approval of the commissioner of health, which according to documented medical or scientific evidence causes substantial acute or chronic illness or permanent disability as a foreseeable and direct result of any routine exposure to the infectious agent.

Infectious agent does not include an agent in or on the body of a patient before diagnosis. Infectious agent does not include an agent being developed or regularly utilized used by a technically qualified individual in a research, medical research, medical diagnostic or medical educational laboratory or in a health care facility or in a clinic associated with a laboratory or health care facility, or in a pharmacy registered and licensed under Minnesota Statutes, chapter 151. ~~This exemption does not include an infectious agent utilized in a laboratory that primarily provides a quality control analysis for a manufacturing process.~~

Subp. 12. Manufacturer. “Manufacturer” means anyone who produces, synthesizes, extracts, or otherwise makes, processes, blends, packages, or repackages a hazardous substance or equipment which generates a harmful physical agent. The term manufacturer also includes anyone who imports into this state or distributes within this state a hazardous substance or equipment which generates a harmful physical agent. It does not include anyone whose primary business concerning the hazardous substance or harmful physical agent equipment is in retail sales to the public.

Subp. 13. Material safety data sheet. “Material safety data sheet” means any data sheet which contains information required under Minnesota Statutes, section 182.653, subdivisions 4b, 4e, and 4e part 5206.0700, subpart 2, or in accordance with Code of Federal Regulations, title 29, part 1910.1200(g), regarding the physical, chemical, and hazardous properties of a substance or mixture. The OSHA form 20 is one example of a material safety data sheet.

Subp. 14. [Unchanged.]

Subp. 14a. Original shipping container. “Original shipping container” means the container in which a hazardous substance is received by the employer from the manufacturer.

Subp. 15. [See Repealer.]

Subp. 16. [Unchanged.]

Subp. 16a. Responsible party. “Responsible party” means someone who can provide additional information on the hazardous substance and appropriate emergency procedures, if any.

Subp. 17. [Unchanged.]

Subp. 18. [See Repealer.]

Subp. 19. Technically qualified individual. “Technically qualified individual” means a person in a research, medical research, medical diagnostic or medical educational laboratory or in a health care facility or in a clinic associated with the laboratory or health care facility, or in a pharmacy registered and licensed under Minnesota Statutes, chapter 151, who, because of professional or technical education, training, or experience, understands, prior to before the time of exposure, the health risks and the necessary safety precautions associated with each hazardous substance, harmful physical agent, infectious agent, or mixture handled or utilized used by the person. Criteria for determining which employees are technically qualified individuals for hazardous substances, harmful physical agents, and infectious agents are in part 5206.0900.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated “all new material.” **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

5206.0300 SCOPE; EXCEPTIONS.

Subpart 1. [Unchanged.]

Subp. 2. **Technically qualified individuals.** Certain technically qualified individuals in a research laboratory or in a hospital or clinic who meet the criteria defined in part 5206.0900 are exempt from the provisions of this chapter, with the exception of part 5206.0700, subpart 1, item I. Technically qualified individuals may only be designated in the following facilities: research laboratory, medical research laboratory, medical diagnostic or medical educational laboratory, health care facility, clinic associated with a laboratory or health care facility, or pharmacy registered and licensed under Minnesota Statutes, chapter 151.

Subp. 3. **Farms.** Farming operations employing ten or fewer employees are exempt from all provisions of this chapter except that label information must be furnished to employees or their representative. Farming operations employing more than ten employees or that operate a temporary labor camp ~~will be and employ any of its residents are~~ required to comply with training requirements developed by the commissioner specifically for farming operations.

Subp. 4. [See Repealer.]

Subp. 5. **Hospitals and clinics.** Hospitals and clinics ~~that meet the definition of a small business are exempt from the provisions of this chapter relative to hazardous substances and harmful physical agents but~~ must comply with the infectious agents provisions of this chapter. ~~The infectious as well as the hazardous substances and harmful physical agents provisions apply only to hospitals and clinics.~~

Subp. 6. [Unchanged.]

5206.0400 HAZARDOUS SUBSTANCES.

Subpart 1. [Unchanged.]

Subp. 2. **Exemptions.** Substances or mixtures within the categories in items A to ~~I~~ **K** are exempt from coverage under this standard.

A. to I. [Unchanged.]

J. "Liquor" as defined in Minnesota Statutes, section 340.07, subdivision 2, or "nonintoxicating malt liquor" as defined in Minnesota Statutes, section 340.001, subdivision 2.

K. "Food" as defined in the Federal Food, Drug, and Cosmetic Act, United States Code, title 27, section 321, et seq.

Subp. 3. [Unchanged.]

Subp. 4. **Codes for list of hazardous substances.** The list of hazardous substances in subpart 5 is coded as follows to designate the reference document which contains occupational exposure information concerning the particular substance:

A. "A" - American Conference of Governmental Industrial Hygienists (ACGIH), "Threshold Limits Limit Values for Chemical Substances and Physical Agents in the Work Environment with Intended Changes and Biological Exposure Indices for 1983-4 1988-89," available from ACGIH, 6500 Glenway Avenue, Building D-5, Cincinnati, Ohio 45211, (513) 661-7881.

B. "I" - American Industrial Hygiene Association (AIHA), "Workplace Environmental Exposure Level Guides" (1983 1988), available from AIHA, 475 Wolf Ledges Parkway, Akron, Ohio 44311-1087, (216) 762-7294.

C. "N" - National Institute for Occupational Safety and Health (NIOSH), "Recommendations for Occupational Health Standards," September 1986, available from NIOSH, Publications Dissemination Office, 4676 Columbia Parkway, Cincinnati, Ohio 45226, general information (513) 684-8235.

D. "O" - Occupational Safety and Health Administration (OSHA), Safety and Health Standards, Code of Federal Regulations, title 29, part 1910, subpart Z, "Toxic and Hazardous Substances, 1983 1987." General information: Minnesota Department of Labor and Industry, Occupational Safety and Health Division, 444 443 Lafayette Road, St. Paul, Minnesota 55101, (612) 296-2116.

E. "R" - International Agency for Research on Cancer (IARC) Monographs on the Evaluation of the Carcinogenic Risks to Humans; Overall Evaluations of Carcinogenicity: An Updating of IARC Monographs Volumes 1 to 42, Supplement 7 (1987). Available from: WHO Publications Centre USA, 49 Sheridan Avenue, Albany, NY 12210; (518) 436-9686.

F. "S" - Occupational Safety and Health Administration proposed standards.

G. "T" - National Toxicology Program (NTP) "Fourth Annual Report on Carcinogens," Summary 1985 (NTP 85-002). Order information: (919) 541-3991.

H. "*" - An asterisk denotes substances which are regulated by OSHA as carcinogens, ~~or which~~ have been categorized by the ACGIH as either "human carcinogens" or "suspect of carcinogenic potential for man-"; have been evaluated by the International Agency for Research on Cancer (IARC) and found to be carcinogens or potential carcinogens; or have been listed as a carcinogen

or potential carcinogen in the Annual Report on Carcinogens published by the National Toxicology Program (NTP).

I. "Dust" - If the substance poses an airborne particulate exposure hazard, the substance is followed by the word, "dust."

J. "Fume" - Small solid particles formed by the condensation of vapors of solid materials.

K. "Gases" - Refers to displacement of air asphyxiation hazard.

L. "Skin" - If a potential for absorption from skin contact merits special consideration, the word, "skin" follows the substance name.

M. (number) - The number in parentheses following each substance is the American Chemical Society's Chemical Abstract Service (CAS) number for that substance. A particular substance may be known by more than one name. The CAS number eliminates the confusion caused by synonyms.

N. α = Alpha.

O. β = Beta.

Subp. 5. **List of hazardous substances.** List of hazardous substances:

A. Hazardous substances beginning with the letter A:

(1) Abate (see Temephos)	
(2) <u>*A-α-C (2-Amino-9H-pyrido[2,3-b]indole)</u>	<u>R</u>
(3) <u>*Acetaldehyde (75-07-0)</u>	AO
(4) <u>*Acetamide</u>	<u>R</u>
(5) Acetic acid (64-19-7)	AO
(6) Acetic anhydride (108-24-7)	AO
(7) Acetone (67-64-1)	AON
(8) Acetone cyanohydrin (75-86-5)	N
(9) Acetonitrile-skin (75-05-8)	ANO
(10) <u>Acetophenone (98-86-2)</u>	<u>I</u>
(11) <u>*2-Acetylaminofluorene</u>	<u>ONT</u>
(12) Acetylene (74-86-2)	AN
(13) Acetylene dichloride (see 1,2-Dichloroethylene)	
(14) Acetylene tetrabromide (79-27-6)	AO
(15) Acetylsalicylic acid (Aspirin) (50-78-2)	A
(16) Acrolein (107-02-8)	AO
(17) <u>*Acrylamide-skin (79-06-1)</u>	<u>ANOR</u>
(18) Acrylic acid (79-10-7)	A
(19) <u>*Acrylonitrile-skin (107-13-1)</u>	<u>ANORT</u>
(20) <u>*Actinomycin D (50-76-0)</u>	<u>R</u>
(21) <u>*Adriamycin (23214-92-8)</u>	<u>RT</u>
(22) <u>*AF-2 [2-(2-furyl)-3-(5-nitro-2-furyl) *acrylamide] (3688-53-7)</u>	<u>R</u>
(23) <u>*Aflatoxins (1402-68-2)</u>	<u>RT</u>
(24) Alkanes	<u>N</u>
(25) Aldrin-skin (309-00-2)	AN

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(26) Allyl alcohol-skin (107-18-6)	AO
(27) Allyl chloride (107-05-1)	ANO
(28) Allyl glycidyl ether (AGE)-skin (106-92-3)	ANO
(29) Allyl propyl disulfide (2179-59-1)	AO
(30) <u>a-Alumina (1344-28-1)</u>	<u>A</u>
(31) Aluminum pyro powders (7429-90-5)	A
(32) Aluminum welding fumes (7429-90-5)	A
(33) Aluminum, soluble salts (7429-90-5)	A
(34) <u>Aluminum, metal and oxide (7429-90-5)</u>	<u>A</u>
(35) Aluminum, alkyls (7429-90-5)	A
(36) <u>*2-Aminoanthraquinone (117-79-3)</u>	<u>T</u>
(37) <u>*para-Aminoazobenzene</u>	<u>R</u>
(38) <u>*ortho-Aminoazotoluene</u>	<u>R</u>
(39) Aminobiphenyl (see 4-Aminodiphenyl)	
(40) *4-Aminodiphenyl-skin (92-67-1)	AOT
(41) <u>2-Aminoethanol (see Ethanolamine)</u>	
(42) <u>*1-Amino-2-methylantraquinone (82-28-0)</u>	<u>T</u>
(43) <u>*2-Amino-5-(5-nitro-2-furyl)-1,3,4-thiadiazole</u>	<u>R</u>
(44) 2-Aminopyridine (504-29-0)	AO
(45) <u>3-Amino 1,2,4-triazole (see Amitrole)</u>	
(46) <u>*Amitrol</u> <u>*Amitrole (61-82-5)</u>	ART
(47) Ammonia (7664-41-7)	ANOS
(48) Ammonium chloride, fume (12125-02-9)	A
(49) <u>Ammonium perfluorooctanoate-skin (3825-26-1)</u>	<u>A</u>
(50) Ammonium sulfamate (7773-06-0)	O
(51) Amosite (see Asbestos)	
(52) n-Amyl acetate (628-63-7)	AO
(53) sec-Amyl acetate (626-38-0)	AO
(54) <u>*Analgesic mixture containing phenacetin</u>	<u>R</u>
(55) Aniline & and homologues-skin (62-53-3)	AO
(56) <u>*Anisidine (o-p isomers)-skin (29191-52-4)</u>	AOT
(57) <u>*o-Anisidine hydrochloride (134-29-2)</u>	<u>T</u>
(58) <u>*Anthracene oils</u>	<u>R</u>
(59) Antimony & and compounds, as Sb (7440-36-0)	ANO
(60) <u>*Antimony trioxide, handling & and use, as Sb production (1309-64-4)</u>	A
(61) ANTU (α -Naphthyl thiourea) (86-88-4)	AO
(62) <u>*Aramite® (140-57-8)</u>	<u>RT</u>
(63) <u>Argon (7440-37-1)</u>	<u>A</u>
(64) <u>*Arsenic, inorganic (7440-38-2)</u>	<u>A</u>
(65) <u>Arsenic, organic compounds, as As</u>	<u>O</u>
(66) <u>*Arsenic & and soluble compounds as As, organic compounds as As (7440-38-2)</u>	ANORT

Proposed Rules

(67) *Arsenic trioxide production (1327-53-3)	A
(68) Arsine (7784-42-1)	ANO
(69) *Asbestos (Amosite) (12172-73-5)	A
(70) *Asbestos (Chrysotile) (12001-29-5)	A
(71) *Asbestos (Crocidolite) (12001-28-4)	A
(72) *Asbestos (other forms) (1332-21-4)	ANORT
(73) Asphalt (petroleum) fumes (8052-42-4)	AN
(74) Atrazine (1912-24-9)	A
(75) *Auramine (technical grade) (492-80-8)	R
(76) *Azaserine	R
(77) *Azathioprine (446-86-6)	RT
(78) Azinphos-methyl-skin (86-50-0)	AO
<u>B. Hazardous substances beginning with the letter B:</u>	
(1) Barium, soluble compounds, as Ba (7440-39-3)	AO
(2) Barium, sulfate (7727-43-7)	A
(3) Baygon (Propoxur) (114-26-1)	A
(4) Baytex (see Fenthion)	
(5) Benomyl (17804-35-2)	A
(6) *Benz[a]anthracene (56-55-3)	RT
(7) Benzaldehyde (100-52-7)	I
(8) *Benzene (71-43-2)	ANORT
(9) Benzenethiol (108-98-5)	N
(10) *Benzidine-based dyes	N
(11) *Benzidine-skin (92-87-5)	AONRT
(12) *Benzo[b]fluoranthene (205-99-2)	RT
(13) *Benzo[j]fluoranthene (205-82-3)	R
(14) *Benzo[k]fluoranthene (207-08-9)	R
(15) Benzophenone	I
(16) p-Benzoquinone (see Quinone)	
(17) *Benzotrichloride (98-07-7)	RT
(18) Benzoyl chloride (98-88-4)	IN
(19) Benzoyl peroxide (94-36-0)	ANO
(20) *Benzo (a) pyrene Benzo[a]pyrene (50-32-8)	ART
(21) Benzyl chloride (100-44-7)	ANO
(22) *Benzyl violet 4B	R
(23) *Beryllium (and compounds) (7440-41-7)	ANMORT
(24) Biphenyl (Diphenyl) (92-52-4)	AO

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(25) <u>*N,N-Bis (2-chloroethyl)-2-naphthylamine</u> <u>(chlornaphazine) (49-40-31)</u>	RT
(26) <u>*Bischloroethyl nitrosourea (BCNU) (154-93-8)</u>	RT
(27) <u>*Bischloromethyl ether and technical grade</u> <u>chloromethyl methyl ether (BCME) (542-88-1)</u>	AORT
(28) Bismuth telluride (1304-82-1)	A
(29) Bismuth telluride; Se-doped (1304-82-1)	A
(30) <u>*Bitumens (8052-42-4) (extracts of steam-refined,</u> <u>air-refined, and pooled mixtures of steam and air</u> <u>refined)</u>	R
(31) <u>*Bleomycins</u>	R
(32) Borates, tetra, sodium salts (1303-96-4) <u>Anhydrous</u> <u>Decahydrate</u> <u>Pentahydrate</u>	A
(33) Boron oxide (1303-86-2)	AO
(34) Boron tribromide (10294-33-4)	A
(35) Boron trifluoride (7637-07-2)	ANO
(36) Bromacil (314-40-9)	A
(37) Bromine (7726-95-6)	AO
(38) Bromine pentafluoride (7789-30-2)	A
(39) Bromochloromethane (see Chlorobromomethane)	
(40) Bromoform-skin (75-25-2)	AO
(41) Bromotrifluoromethane (see Trifluorobromomethane)	
(42) <u>*Butadiene (1,3-Butadiene) (106-99-0)</u>	ANOR
(43) Butane (106-97-8)	A
(44) Butanethiol (see Butyl mercaptan)	
(45) <u>*1,4-Butanediol dimethane sulphonate</u> <u>(Myleran) (55-98-1)</u>	RT
(46) 2-Butanone (see Methyl Ethyl Ketone (MEK))	
(47) 2-Butoxyethanol-skin (111-76-2)	AO
(48) n-Butyl acetate (123-86-4)	AO
(49) sec-Butyl acetate (105-46-4)	AO
(50) tert-Butyl acetate (540-88-5)	AO
(51) n -Butyl acrylate (141-32-2)	A
(52) n-Butyl alcohol-skin (71-36-3)	AO
(53) sec-Butyl alcohol (78-92-2)	AO
(54) tert-Butyl alcohol (75-65-0)	AO
(55) Butylamine-skin (109-73-9)	AO
(56) <u>*Butylated hydroxyanisole (BHA)</u>	R
(57) Butyl cellosolve (see 2-Butoxy ethanol)	
(58) tert-Butyl chromate, as CrO ₃ -skin (1189-85-1)	AO

Proposed Rules

(59) n-Butyl glycidyl ether (BGE) (2426-08-6)	AO
(60) n-Butyl lactate (138-22-7)	A
(61) Butyl mercaptan (109-79-5)	ANO
(62) o-sec-Butylphenol-skin (89-72-5)	A
(63) p-tert-Butyltoluene (98-51-1)	AO
(64) * <u>β-Butyrolactone</u>	<u>R</u>
(65) n-Butyronitrile (109-74-0)	N
<u>C. Hazardous substances beginning with the letter C:</u>	
(1) Cadmium (7440-43-9) & <u>and</u> its compounds (as Cd)	ANRT
(2) *Cadmium (7440-43-9), dust & <u>and</u> salts (as Cd), fume	ANO
(3) Cadmium oxide (1306-19-0), fume (as Cd)	ANO
(4) *Cadmium oxide production (as Cd)	A
(5) <u>Calcium carbonate</u> (1317-65-3)	<u>A</u>
(6) Calcium cyanamide (156-62-7)	A
(7) Calcium hydroxide (1305-62-0)	A
(8) Calcium oxide (1305-78-8)	AO
(9) <u>Calcium silicate</u> (1344-95-2)	<u>A</u>
(10) <u>Calcium sulfate</u> (7778-18-9)	<u>A</u>
(11) Camphor, synthetic (76-22-2)	AO
(12) Caprolactam, <u>aerosol</u> , dust & <u>and</u> vapor (105-60-2)	A
(13) Captafol-skin (2425-06-1)	A
(14) Captan (133-06-2)	A
(15) Carbaryl (Sevin ^R ®) (63-25-2)	ANO
(16) Carbofuran (Furadan) (1563-66-2)	A
(17) Carbon black (1333-86-4)	ANOR
(18) Carbon dioxide (124-38-9)	ANO
(19) Carbon disulfide-skin (75-15-0)	ANO
(20) Carbon monoxide (630-08-0)	ANO
(21) Carbon tetrabromide (558-13-4)	A
(22) *Carbon tetrachloride-skin (56-23-5)	ANORT
(23) <u>Carbonyl chloride</u> (see <u>Phosgene</u>)	
(24) Carbonyl fluoride (353-50-4)	A
(25) * <u>Carrageenan, degraded</u> (9000-07-01)	<u>R</u>
(26) Catechol (Pyrocatechol) (120-80-9)	A
(27) Cellosolve acetate (see 2-Ethoxyethyl acetate)	
(28) <u>Cellulose (paper fiber)</u> (9004-34-6)	<u>A</u>
(29) * <u>Certain combined chemotherapy for lymphomas</u> (including <u>MOPP</u>)	<u>RT</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

(30) Cesium hydroxide (21351-79-1)	A
(31) *Chlorambucil (305-03-3)	RT
(32) *Chloramphenicol (56-75-7)	IR
(33) Chlordane-skin (57-74-9)	AO
(34) *Chlordecone (KEPONE) (143-50-0)	NRT
(35) *Chlorinated camphene (Toxaphene)-skin (8001-35-2)	AOT
(36) Chlorinated diphenyl oxide (55720-99-5)	AO
(37) * α -Chlorinated toluenes	R
(38) Chlorine (7782-50-5)	ANO
(39) Chlorine dioxide (10049-04-4)	AO
(40) Chlorine trifluoride (7790-91-2)	AO
(41) Chloroacetaldehyde (107-20-0)	AO
(42) Chloroacetone-skin (78-95-5)	A
(43) α -Chloroacetophenone (Phenacylchloride) (532-27-4)	AO
(44) Chloroacetyl chloride (79-04-9)	A
(45) Chlorobenzene (Monochlorobenzene) (108-90-7)	AO
(46) o-Chlorobenzylidene o-Chlorobenzylidene malononitrile (OCBM)-skin (2698-41-1)	AO
(47) Chlorobromomethane (74-97-5)	AO
(48) 2-Chloro-1,3-butadiene (see b-Chloroprene)	
(49) Chlorodifluoromethane (75-45-6)	A
(50) *Chlorodiphenyl-skin (see PCB)	AORT
42% Chlorine (53449-21-9 53469-21-9)	
54% Chlorine (11097-69-1)	
(51) 1-Chloro-2,3-epoxy-propane (see Epichlorohydrin)	
(52) Chloroethane (75-00-3)	N
(53) 2-Chloroethanol (see Ethylene chlorohydrin)	
(54) Chloroethylene (see Vinyl chloride)	
(55) *1-(2-chloro ethyl)-3-cyclohexyl-1-nitrosoarea (CCNU) (13010-47-4)	RT
(56) *1-(2-chloro ethyl)-3-(4-methylcyclohexyl)- 1-nitrosoarea (methyl-CCNU)	R
(57) *Chloroform (67-66-3)	ANORT
(58) bis (2-Chloroisopropyl) ether (108-60-1)	I
(59) *bis (Chloromethyl) ether (BCME) (542-88-1)	ANO
(60) *Chloromethyl methyl ether (see Methyl chloromethyl ether)	
(61) 1-Chloro-1-nitropropane (600-25-9)	AO
(62) *4-Chloro-o-phenylenediamine (95-83-0)	RT
(63) Chloropentafluoroethane (76-15-3)	A
(64) *Chlorophenols (95-57-8; 106-48-9)	R

Proposed Rules

(65) <u>*Chlorophenoxy herbicides</u>	<u>R</u>
(66) Chloropicrin (Trichloronitromethane) (76-06-2)	AO
(67) <u>*para-Chloro-ortho-toluidine</u>	<u>R</u>
(68) β -Chloroprene-skin (126-99-8)	ANO
(69) o-Chlorostyrene (1331-28-8 2039-87-4)	A
(70) <u>Chlorosulfonic acid (7790-94-5)</u>	<u>I</u>
(71) o-Chlorotoluene-skin (95-49-8)	A
(72) 2-Chloro-6-(trichloromethyl) pyridine (N-Serve) (see Nitrapyrin)	A
(73) Chloropyrifos-skin (2921-88-2)	A
Chromates (see Chromic acid)	
(74) <u>Chlorotrifluoroethylene (79-38-9)</u>	<u>I</u>
(75) <u>*Chromates of lead and (7758-97-6), zinc (14018-95-2),</u> <u>as Cr calcium (13765-19-0), and strontium (7789-06-2)</u>	<u>ART</u>
(76) Chromic acid and Chromates (7738-94-5)	NO
(77) *Chromite ore processing (Chromate), as Cr	A
(78) Chromium metal (7440-47-3)	AO
(79) Chromium (II) compounds, as Cr	A
(80) Chromium (III) compounds, as Cr	A
(81) <u>*Chromium (VI) compounds, as Cr (water soluble)</u>	<u>ANO</u>
(82) Chromium (VI) compounds	AN
(83) <u>*Chromium (VI) compounds, (certain water</u> <u>insoluble ones)</u>	<u>ANORT</u>
Chromium, soluble chromic, chromous salts, as Cr	AO
(84) Chromyl chloride (14977-61-8)	A
(85) *Chrysene (218-01-9)	AN
(86) <u>Chrysotile (see Asbestos)</u>	
(87) <u>*Cisplatin (15663-27-1)</u>	<u>R</u>
(88) <u>*Citrus Red No. 2</u>	<u>R</u>
(89) Clopidol (2971-90-6)	A
(90) Coal, dust	O
(91) <u>*Coal tars, coal tar pitches, and coal tar pitch</u> <u>volatiles; (as benzene solubles) (8007-45-2</u> <u>65996-93-2)</u>	<u>ANORT</u>
(92) Cobalt (as Co) metal; dust & and fume (7440-48-4)	ANO
(93) <u>Cobalt carbonyl, as Co (10210-68-1)</u>	<u>A</u>
(94) <u>Cobalt hydrocarbonyl, as Co (16842-03-8)</u>	<u>A</u>
(95) *Coke oven emissions	NOT

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(96) <u>*Combined oral contraceptives (compound(s) responsible for the carcinogenic effect in humans cannot be specified. Individual compounds in combined oral contraceptives include: ethinyloestradiol, mestranol, chlormadinone, acetate, dimethisterone, ethynodiol, diacetate, lynoestrenol, megestrol acetate, norethisterone, norethynodrel, and norgestrel)</u>	R
(97) <u>*Conjugated oestrogens (compound(s) responsible for the carcinogenic effect in humans cannot be specified. Conjugated oestrogens are a mixture of compounds, mainly sodium oestrone sulphate and sodium equilan sulphate)</u>	R
(98) Copper dust & and mists, as Cu (7440-50-8)	AO
(99) Copper fume (7440-50-8)	AO
(100) Cotton dust, raw	ANO
(101) Crag ^R ® herbicide (see Sodium-2,4-dichloro-pnenoxyethyl sulfate)	
(102) <u>*Creosotes (8001-58-9)</u>	R
(103) <u>*p-Cresidine (120-71-8)</u>	RT
(104) Cresol, all isomers-skin (1319-77-3)	ANO
(105) <u>Cristobalite (see Silica - crystalline)</u>	
(106) <u>Crocidolite (see Asbestos)</u>	
(107) Crotonaldehyde (423-73-9 4170-30-3)	AO
(108) Cruformate (299-86-5)	A
(109) Cumene-skin (98-82-8)	AO
(110) <u>*Cupferron (135-20-6)</u>	T
(111) Cyanamide (420-04-2)	A
(112) Cyanides, as Cn-skin (151-50-8; 143-33-9)	AO
(113) Cyanogen (460-19-5)	A
(114) Cyanogen chloride (506-77-4)	A
(115) <u>*Cycasin (14901-08-7)</u>	RT
(116) Cyclohexane (110-82-7)	AO
(117) Cyclohexanethiol (1569-69-3)	N
(118) Cyclohexanol-skin (108-93-0)	AO
(119) Cyclohexanone-skin (108-94-1)	ANO
(120) Cyclohexene (110-83-8)	AO
(121) Cyclohexylamine-skin (108-91-8)	A
(122) Cyclonite-skin (121-82-4)	A
(123) Cyclopentadiene (542-92-7)	AO
(124) Cyclopentane (287-92-3)	A
(125) <u>*Cyclophosphamide (50-18-0)</u>	RT
(126) Cyhexatin (13121-70-5)	A

D. Hazardous substances beginning with the letter D:

(1) <u>*Dacarbazine (4342-03-04)</u>	RT
(2) <u>*Daunomycin</u>	R
(3) <u>2,4-D (2,4-Dichlorophenoxyacetic acid) (94-75-7)</u>	AO
(4) <u>DBCP (see 1,2-Dibromo-3-chloropropane)</u>	
(5) <u>*DDT (Dichlorodiphenyltrichloroethane)-skin (50-29-3)</u>	ANORT
(6) <u>DDVP (see Dichlorvos)</u>	
(7) <u>Decaborane-skin (17702-41-9)</u>	AO
(8) <u>Decabromodiphenyl oxide (1163-19-5)</u>	I
(9) <u>Demeton-skin (8065-48-3)</u>	AO
(10) <u>Diacetone alcohol (4-Hydroxy-4-methyl-2-pentanone) (123-42-2)</u>	ANO
(11) <u>*N,N'-Diacetylbenzidine</u>	R
(12) <u>*2,4-Diaminoanisole and its salts (615-05-4)</u>	N
(13) <u>*2,4-Diaminoanisole sulfate (39156-41-7)</u>	T
(14) <u>*4,4'-Diaminodiphenyl ether</u>	R
(15) <u>1,2-Diaminoethane (see Ethylenediamine)</u>	
(16) <u>*2,4-Diaminotoluene (95-80-7)</u>	RT
(17) <u>*o-Dianisidine-based dyes</u>	N
(18) <u>Diatomaceous earth, uncalcined, dust (see Silica - Amorphous)</u>	A
(19) <u>Diazinon-skin (333-41-5)</u>	A
(20) <u>Diazomethane (334-88-3)</u>	AO
(21) <u>*Dibenz[a,h]acridine (22-6-36-8)</u>	RT
(22) <u>*Dibenz[a,j]acridine (224-42-0)</u>	RT
(23) <u>*Dibenz[a,h]anthracene (53-70-3)</u>	RT
(24) <u>*7H-Dibenzo[c,g]carbazole (194-59-2)</u>	RT
(25) <u>*Dibenzo[a,e]pyrene (192-65-4)</u>	R
(26) <u>*Dibenzo[a,h]pyrene (189-64-0)</u>	RT
(27) <u>*Dibenzo[a,i]pyrene (189-55-9)</u>	RT
(28) <u>*Dibenzo[a,l]pyrene (191-30-0)</u>	R
(29) <u>Diborane (19287-45-7)</u>	AO
(30) <u>*DBCP</u> <u>(1,2-Dibromo-3-chloropropane (DBCP) (96-12-8))</u>	NORT
(31) <u>*1,2-Dibromoethane (see Ethylene dibromide)</u>	
(32) <u>Dibrom (Dimethyl-1,2-dibromo-2-dichloroethyl phosphate) (300-76-5)</u>	A

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

(33) 2-N-Dibutylaminoethanol-skin (102-81-8)	A
(34) <u>Dibutylphenylphosphate-skin (2528-36-1)</u>	A
(35) Dibutyl phosphate (107-66-4)	AO
(36) Dibutyl phthalate (84-74-2)	AO
(37) Dichloroacetylene (7572-29-4)	A
(38) o-Dichlorobenzene (95-50-1)	AO
(39) *p-Dichlorobenzene (106-46-7)	AOR
(40) *3,3'-Dichlorobenzidine (and salts)-skin (91-94-11)	ANORT
(41) Dichlorodifluoromethane (75-71-8)	AO
(42) <u>*3,3'-Dichloro-4,4'-diaminodiphenyl ether</u>	R
(43) 1,3-Dichloro-5,5-dimethyl hydantoin (118-52-5)	AO
(44) *1,1-Dichloroethane (75-34-3)	ANORT
(45) 1,2-Dichloroethane (see Ethylene dichloride)	
(46) 1,1-Dichloroethylene (see Vinylidene chloride)	
(47) 1,2-Dichloroethylene (540-59-0)	AO
(48) Dichloroethyl ether-skin (111-44-4)	AO
(49) Dichlorofluoromethane (75-43-4)	A
(50) Dichloromethane (see Methylene chloride)	
(51) Dichloromonofluoromethane (75-43-4)	O
(52) 1,1-Dichloro-1-nitroethane (594-72-9)	AO
(53) 1,2-Dichloropropane (see Propylene dichloride)	
(54) <u>*1,3-Dichloropropene (technical grade)</u>	R
(55) Dichloropropene-skin (542-75-6)	A
(56) 2,2-Dichloropionic acid (75-99-0)	A
(57) Dichlorotetrafluoroethane (Fluorocarbon 114) (76-14-2)	AO
(58) Dichlorvos (DDVP)-skin (62-73-7)	AO
(59) Dicrotophos-skin (141-66-2)	A
(60) Dicyclohexylmethane-4,4'-diisocyanate (5124-30-1)	N
(61) Dicyclopentadiene (77-73-6)	A
(62) Dicyclopentadienyl iron (102-54-5)	A
(63) Dieldrin-skin (60-57-1)	ANO
(64) <u>*Dienoestrol (84-17-3)</u>	R
(65) <u>*Diepoxybutane (1464-53-5)</u>	I
(66) Diethanolamine (111-42-2)	A
(67) Diethylamine (109-89-7)	AO
(68) 2-Diethylaminoethanol-skin (100-37-8)	AO
(69) Diethylene dioxide (see Dioxane)	
(70) <u>Diethylene glycol (111-46-6)</u>	I
(71) Diethylene triamine-skin (111-40-0)	A
(72) Diethyl ether (see Ethyl ether)	
(73) <u>*Diethyl hydrazine</u>	R
(74) Diethyl ketone (96-22-0)	A

Proposed Rules

(75) Diethyl phthalate (84-66-2)	A
(76) * <u>Di(2-ethylhexyl)phthalate (DEHP) (117-81-7)</u>	<u>NRT</u>
(77) * <u>Diethylstilbestrol (56-53-1)</u>	<u>RT</u>
(78) * <u>Diethyl sulfate (64-67-5)</u>	<u>RT</u>
(79) Difluorodibromomethane (FREON 12B2) (75-61-6)	AO
(80) * <u>Diglycidyl resorcinol ether (DGE) (2238-07-5)</u>	ANOR
(81) * <u>Dihydrosafrole</u>	<u>R</u>
(82) Dihydroxybenzene (see Hydroquinone)	
(83) Diisobutyl ketone (108-83-8)	ANO
(84) Diisobutylene (<u>25167-70-8</u>)	IN
(85) Diisocyanates (not including those listed separately)	N
(86) Diisopropylamine-skin (108-18-9)	<u>ANO</u>
(87) * <u>3,3' Dimethoxybenzidine (ortho-Dianisidine) (119-90-4)</u>	<u>RT</u>
(88) Dimethoxymethane (see Methylal)	
(89) Dimethyl acetamide-skin (127-19-5)	AO
(90) Dimethylamine (124-40-3)	AO
(91) * <u>4-Dimethylaminoazobenzene (60-11-7)</u>	<u>NORT</u>
(92) Dimethylaminobenzene (see Xylidene)	
(93) * <u>trans-2-2[(Dimethylamino)methylimino]-5-[2-(5-nitro-2-furyl)vinyl]-1,3,4-oxadiazole</u>	<u>R</u>
(94) Dimethylaniline (N,N-Dimethylaniline)-skin (121-69-7)	AO
(95) Dimethylbenzene (see Xylene)	
(96) * <u>3,3' Dimethylbenzidine (119-90-4)</u>	<u>RT</u>
Dimethylcarbamyl (97) * <u>Dimethylcarbamol chloride (79-44-7)</u>	<u>AR</u>
Dimethyl 1,2-dibromo-2-dichloroethyl	
(98) <u>Dimethyl-1,2-dibromo-2-dichloroethyl phosphate (see (Dibrom® Naled)</u>	
(99) Dimethyl ether (<u>115-10-6</u>)	I
(100) <u>Dimethylformamide-skin (N-methylformamide) (68-12-2)</u>	AO
(101) 2,6-Dimethyl-4-heptanone (see Diisobutyl ketone)	
(102) * <u>1,1-Dimethylhydrazine-skin (57-14-7)</u>	ANOR
(103) * <u>1,2-Dimethylhydrazine</u>	<u>R</u>
(104) <u>Dimethylnitrosoamine (see N-Nitrosodimethylamine)</u>	
(105) Dimethylphthalate (131-11-3)	AO
(106) * <u>Dimethyl sulfate-skin (77-78-1)</u>	<u>AOTR</u>
(107) Dimethyl terephthalate (<u>120-61-6</u>)	I
(108) Dinitolmide (148-01-6)	A

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

(109) Dinitrobenzene, all isomers-skin (528-29-0; 99-65-0; 100-25-4)	AO
(110) Dinitro-o-cresol (DNOC)-skin (534-52-1)	ANO
(111) 3,5-Dinitro-o-toluamide (Zoalene) (148-01-6)	A
(112) *Dinitrotoluene-skin (121-14-2)	ANO
(113) *Dioxane (Diethylene dioxide)-skin (123-91-1)	ANORT
(114) Dioxathion (Delanov)-skin (78-34-2)	A
(115) Dioxin (see 2,3,7,8-Tetrachlorodibenzo-p-dioxin)	
(116) Diphenyl (see Biphenyl)	
(117) Diphenylamine (122-39-4)	A
(118) Diphenyl ether (see Phenyl ether)	
(119) Diphenylmethane diisocyanate (see Methylene bisphenyl isocyanate (MDI))	
(120) Dipropylene glycol methyl ether (34590-94-8)	AO
(121) Dipropyl ketone (4-Heptanone) (123-19-3)	A
(122) Diquat (85-00-7)	A
(123) *Direct Black 38 (technical grade) (1937-37-7)	RT
(124) *Direct Blue 6 (technical grade) (2602-46-2)	RT
(125) *Direct Brown 95 (technical grade) (16071-86-6)	R
(126) Di-sec-octyl phthalate (di(2-Ethylhexyl)phthalate) (117-81-7)	AO
(127) Disulfiram (97-77-8)	A
(128) Disulfoton (Disyston) (298-04-4)	A
(129) 2,6-Di-tert-butyl-p-cresol (128-37-0)	A
(130) Diuron (330-54-1)	A
(131) Divinyl benzene (408-57-6 1321-74-0)	A
(132) Dust, Inert or Nuisance (When toxic impurities are not present, e.g. for example, quartz less than 1% percent.)	A
Including:	
(a) α -Alumina (Al_2O_3);	
(b) Aluminum, metal & and oxide;	
(c) Calcium carbonate;	
(d) Calcium silicate;	
(e) Calcium sulfate;	
(f) Cellulose (paper fiber);	
(g) Emery;	
(h) Glycerin Mist;	
(i) Graphite (synthetic);	
(j) Gypsum;	
(k) Kaolin;	
(l) Limestone;	
(m) Magnesite;	
(n) Marble;	

- (o) Mineral Wool Fiber;
- (p) ~~Pentaerythritol~~ Pentaerythritol;
- (q) Perlite;
- (r) Plaster of Paris;
- (s) Portland Cement;
- (t) Precipitated Silica;
- (u) Rouge;
- (v) Silica gel;
- (w) Silicon;
- (x) Silicon Carbide;
- (y) Starch;
- (z) Stearates;
- (aa) Sucrose;
- (bb) Titanium Dioxide;
- (cc) Vegetable oil mists (except castor, cashew nut, or similar irritant oils);
- (dd) Zinc Stearate; and
- (ee) Zinc Oxide Dust.

(133) Dyfonate-skin (944-22-9)

A

E. Hazardous substances beginning with the letter E:

- (1) Emery (112-62-9) A
- (2) Endosulfan (Thiodan)-skin (115-29-7) A
- (3) Endrin-skin (72-20-8) AO
- (4) Enflurane (13838-16-9) A
- (5) Enzymes (see Subtilisins)
- (6) *Epichlorohydrin-skin (106-89-8) ANOR
- (7) EPN-skin (2104-64-5) AO
- (8) 1,2-Epoxypropane (see Propylene oxide)
- (9) 2,3-Epoxy-1-propanol (see Glycidol)
- (10) *Erionite R
- (11) Erythromycin (114-07-8) I
- (12) *Estrogens (not conjugated):
 - 1. Estradiol 17b I
 - 2. Estrone I
 - 3. Ethinylestradiol I
 - 4. Mestranol I
- (13) Ethane (74-84-0) A

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(14) Ethanethiol (see Ethyl mercaptan)	
(15) <u>Ethanol</u> (see <u>Ethyl alcohol</u>)	
(16) Ethanolamine (141-43-5)	A
(17) <u>*Ethinyloestradiol</u> (57-63-6)	R
(18) Ethion-skin (563-12-2)	A
(19) 2-Ethoxyethanol-skin (110-80-5)	ANO
(20) 2-Ethoxyethyl acetate-skin (111-15-9)	AO
(21) Ethyl acetate (141-78-6)	AO
(22) <u>*Ethyl acrylate-skin</u> (140-88-5)	AOR
(23) Ethyl alcohol (Ethanol) (64-17-5)	AO
(24) Ethylamine (75-04-7)	AO
(25) Ethyl amyl ketone (5-Methyl-3-Heptanone) (41-85-5 541-85-5)	AO
(26) Ethyl benzene (100-41-4)	AO
(27) Ethyl bromide (74-96-4)	AO
(28) Ethyl butyl ketone (3-Heptanone) (106-35-4)	AO
(29) Ethyl chloride (75-00-3)	AO
(30) <u>Ethylene</u> (74-85-1)	A
(31) Ethylene Chlorohydrin-skin (107-07-3)	AO
(32) Ethylenediamine (107-15-3)	AO
(33) <u>*Ethylene dibromide-skin</u> (106-93-4)	ANORT
(34) <u>*Ethylene dichloride</u> (1,2-Dichloroethane) (107-06-2)	ANOT
(35) Ethylene glycol (107-21-1), particulate & <u>and</u> vapor	A
(36) Ethylene glycol dinitrate (EGDN)-skin (628-96-6)	ANO
(37) Ethylene glycol methyl ether acetate-skin (110-49-6)	AO
(38) <u>*Ethyleneimine-skin</u> (151-56-4)	ANO
(39) <u>*Ethylene oxide</u> (75-21-8)	ANOSRT
(40) <u>*Ethylene thiourea</u> (96-45-7)	NRT
(41) <u>Ethylenimine-skin</u> (151-56-4)	A
(42) Ethyl ether (60-29-7)	AO
(43) <u>Ethyl formate</u> (109-94-4)	A
(44) <u>Ethylidene chloride</u> (see 1,1-Dichloroethane)	
(45) Ethylidene norbornene (16219-75-3)	A
(46) Ethyl mercaptan (75-08-1)	ANO
(47) <u>*Ethyl methacrylate methanesulphonate</u>	R
(48) N-Ethylmorpholine-skin (100-74-3)	AO
(49) <u>*N-Ethyl-N-nitrosourea</u>	R
(50) Ethyl silicate (78-10-4)	AO

F. Hazardous substances beginning with the letter F:

(1) <u>Fenamiphos-skin</u> (22224-92-6)	A
(2) Fensulfothion (Dasanit) (115-90-2)	A
(3) Fenthion (55-38-9)	A

Proposed Rules

- (4) Ferbam (14484-64-1) AO
- (5) Ferrovanadium; dust (12604-58-9) AO
- (6) Fibrous glass dust (see Glass)
- (7) Fluoride, as F, as dust (16984-48-8) ANO
- (8) Fluorides, inorganic N
- (9) Fluorine (7782-41-4) AO
- (10) Fluorocarbon, Polymers (decomposition products of) N
- (11) Fluorocarbon 11 (see Trichlorofluoromethane)
- (12) Fluorocarbon 12 (see Dichlorodifluoromethane)
- (13) Fluorocarbon 13b1 (see Trifluoromonobromomethane)
- (14) Fluorocarbon 21 (see Dichlorofluoromethane)
- (15) Fluorocarbon 22 (see Chlorodifluoromethane)
Fluorocarbon 31 (see Chlorofluoromethane)
- (16) Fluorocarbon 112 (see ~~1,1,1,2-Tetrachloro-2,2-difluoroethane~~ 1,1,2,2-Tetrachloro-1,2-difluoroethane)
- (17) Fluorocarbon 113 (see ~~Trichlorotrifluoroethane~~ 1,1,2-Trichloro-1,2,2-trifluoroethane)
- (18) Fluorocarbon 114 (see Dichlorotetrafluoroethane)
- (19) Fluorocarbon 115 (see Chloropentafluoroethane)
Fluorocarbon 124 (see Chlorotetrafluoroethane)
Fluorocarbon 132b (see Dichlorodifluoroethane)
Fluorocarbon 133a (see Chlorotrifluoroethane)
Fluorocarbon 141b (see Dichlorofluoroethane)
Fluorocarbon 142b (see Chlorodifluoroethane)
Fluorocarbon 152a (see Difluoroethane)
Fluorocarbon C-318 (see Octafluorocyclobutane)
- (20) Fluorotrichloromethane (see Trichlorofluoromethane)
- (21) Fonofos-skin (944-22-9) AO
- (22) *Formaldehyde (50-00-0) ANORT
- (23) Formamide-skin (75-12-7) A
- (24) Formic acid (64-18-6) AO
- (25) *2-(2-Formylhydrazino)-4-(5-nitro-2-furyl)thiazole R
- (26) Furfural-skin (98-01-1) A
- (27) Furfuryl alcohol-skin (98-00-0) AN

G. Hazardous substances beginning with the letter G:

- (1) Gases, Simple Asphyxiants (see separate listings):

Including:

- (a) Acetylene;
- (b) Argon;
- (c) Ethane;
- (d) Ethylene;
- (e) Helium;

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(f) Hydrogen;	
(g) Methane;	
(h) Neon;	
(i) Propane; and	
(j) Propylene.	
(2) Gasoline (8006-61-9)	A
(3) Germanium tetrahydride (7782-65-2)	A
(4) Glass, fibrous or dust	AN
(5) *Glu-P-1(2-Amino-6-methyldiprido[1,2-a:3;2'-d])imidazole	R
(6) *Glu-P-2(2-Aminodiprido[1,2-a:3;2'-d])imidazole	R
(7) Glutaraldehyde (111-30-8)	A
(8) Glycerin mist (56-81-5)	A
(9) *Glycidaldehyde	R
(10) Glycidol (2,3-Epoxy-1-propanol) (556-52-5)	AO
Glycol (11) *Glycidyl ethers	N
(12) Glycol monoethyl ether (see 2-Ethoxyethanol)	
(13) Glycolonitrile (107-16-4)	N
(14) Grain Dust (oat, wheat, barley)	A
(15) Graphite; (natural;) dust (7782-42-5)	AO
(16) Graphite (synthetic) (7782-42-5)	A
(17) *Griseofulvin	R
(18) Guthion (see Azinphos-methyl)	
(19) Gypsum (see calcium sulfate)	
(20) *Gyromitrin (16568-02-8) (acetaldehyde formyl-methyl hydrazone)	R
<u>H. Hazardous substances beginning with the letter H:</u>	
(1) Hafnium (7440-58-6)	AO
(2) Halothane (151-67-7)	AN
(3) Halowax (see Hexachloronaphthalene)	
(4) Helium (7440-59-7)	A
(5) Heptachlor-skin (76-44-8)	AO
(6) Heptane (n-Heptane) (142-82-5)	ANO
(7) 2-Heptanone (see Methyl n-amyl ketone)	
(8) 3-Heptanone (see Ethyl butyl ketone)	
(9) *Hexachlorobenzene (118-74-1)	T
(10) *Hexachlorobutadiene (76-68-3)	A
(11) *Hexachlorocyclohexane isomers (including Lindane)	RT
(12) Hexachlorocyclopentadiene (77-47-4)	A
(13) *Hexachloroethane (67-72-1)	ANO
(14) Hexachloronaphthalene (Halowax 1014)-skin (1335-87-1)	AO
(15) Hexadiene (592-42-7)	I

(16) <u>Hexafluoroacetone-skin</u> (684-16-2)	A
(17) * <u>Hexamethylphosphoramide-skin</u> (680-31-9)	<u>ART</u>
(18) <u>Hexamethylene diisocyanate</u> (822-06-0)	<u>AN</u>
(19) <u>Hexane (n-Hexane)</u> (110-54-3)	ANO
(20) <u>Hexane, other isomers</u> (107-83-5; 107-83-2)	A
(21) <u>1,6-Hexanediol diacrylate</u> (13048-33-4)	I
(22) <u>1-Hexanethiol</u> (111-31-9)	N
(23) <u>2-Hexanone (Methyl n-butyl ketone)</u> (591-78-6)	<u>AO</u>
(24) <u>Hexone (Methyl isobutyl ketone)</u> (108-10-1)	<u>AO</u>
(25) <u>sec-Hexyl acetate</u> (142-92-7 <u>108-84-9</u>)	AO
(26) <u>Hexylene glycol</u> (107-41-5)	A
(27) * <u>Hydrazine-skin</u> (302-01-2)	ANOR
(28) * <u>Hydrazine sulfate</u> (10034-93-2)	<u>T</u>
(29) * <u>Hydrazobenzene</u> (122-66-7)	<u>T</u>
(30) <u>Hydrogen</u> (1333-74-0)	<u>A</u>
(31) <u>Hydrogenated terphenyls</u> (92-94-4 <u>61788-32-7</u>)	A
(32) <u>Hydrogen bromide</u> (10035-10-6)	AO
(33) <u>Hydrogen chloride</u> (7647-01-0)	AO
(34) <u>Hydrogen cyanide-skin</u> (74-90-8)	ANO
(35) <u>Hydrogen fluoride</u> (7664-39-3), as F	ANO
(36) <u>Hydrogen peroxide</u> (7722-84-1)	A
(37) <u>Hydrogen peroxide (90%)</u> (7722-84-1)	O
(38) <u>Hydrogen selenide, as Se</u> (7783-07-5)	AO
(39) <u>Hydrogen sulfide</u> (7783-06-4)	ANO
(40) <u>Hydroquinone</u> (123-31-9)	ANO
(41) <u>4-Hydroxy-4-methyl-2-pentanone</u> (see <u>Diacetone alcohol</u>)	
(42) <u>2-Hydroxypropyl acrylate-skin</u> (999-61-1)	A

I. Hazardous substances beginning with the letter I:

(1) <u>Indene</u> (95-13-6)	A
(2) * <u>Indeno(1,2,3-cd)pyrene</u> (193-39-5)	<u>RT</u>
(3) <u>Indium</u> (95-13-6 <u>7440-74-6</u>) & <u>and</u> compounds, as In	A
(4) <u>Inert or Nuisance Dusts</u> (see Dust)	
(5) <u>Iodine</u> (7553-56-2)	AO
(6) <u>Iodoform</u> (75-47-8)	A
(7) * <u>IQ (2-Amino-3-methylimidazo[4,5-f]quinoline)</u>	<u>R</u>
(8) * <u>Iron dextran complex</u> (9004-66-4)	<u>RT</u>
(9) <u>Iron oxide fume (Fe₂O₃)</u> (1309-37-1), as Fe	AO

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(10) Iron pentacarbonyl (13463-40-6), as Fe	A
(11) Iron salts, soluble, as Fe	A
(12) Isoamyl acetate (123-92-2)	AO
(13) Isoamyl alcohol (123-51-3)	AO
(14) Isobutyl acetate (110-19-0)	AO
(15) Isobutyl alcohol (78-83-1)	AO
(16) Isobutyronitrile (78-82-0)	N
(17) Isocyanuric acid (108-80-5)	I
(18) Isooctyl alcohol-skin (26952-21-6)	A
(19) Isophorone (78-59-1)	ANO
(20) Isophorone diisocyanate-skin (4098-71-9)	AN
(21) Isopropoxyethanol (109-59-1)	A
(22) Isopropyl acetate (108-21-4)	AO
(23) Isopropyl acetone (see Methyl isobutyl ketone)	
(24) Isopropyl alcohol (67-63-0)	ANO
(25) Isopropylamine (75-31-0)	A
(26) N-Isopropylaniline-skin (643-28-7 768-52-5)	A
(27) Isopropyl ether (108-20-3)	AO
(28) Isopropyl glycidyl ether (IGE) (4016-14-2)	ANO

J. Hazardous substances beginning with the letter K:

(1) Kaolin (1332-58-7)	A
(2) *Kepone (see Chlordecone)	
(3) Ketene (463-51-4)	AO

K. Hazardous substances beginning with the letter L:

(1) *Lasiocarpine	R
(2) Lead (7439-92-1), inorganic fumes & and dusts, as Pb	ANO
(3) *Lead acetate (301-04-2)	T
(4) Lead arsenate (10102-48-4), as Pb ₃ (AsO ₄) ₂	A
(5) *Lead chromate (Cr) (48454-12-1 7758-97-6)	A
(6) *Lead phosphate (7446-27-7)	T
(7) Limestone (see Calcium carbonate)	
(8) *Lindane-skin (and other hexachlorocyclohexane isomers) (58-89-9)	AOT
(9) Lithium hydride (7580-67-8)	AO
(10) Lithium hydroxide (and monohydrate) (1310-65-2)	I
(and monohydrate portion) (1310-66-3)	I
(11) Lithium oxide (12057-248)	I
(12) L.P.G. (Liquefied Petroleum Gas) (68476-85-7)	AO

L. Hazardous substances beginning with the letter M:

(1) Magnesite (546-93-0)	A
(2) Magnesium oxide fume (1309-48-4)	AO

Proposed Rules

(3) Malathion-skin (121-75-5)	ANO
(4) Maleic anhydride (108-31-6)	AO
(5) Malononitrile (109-77-3)	N
(6) Manganese (7439-96-5)	O
(7) Manganese & as <u>Mn, dust, fume and</u> compounds as Mn, dust & fume (7439-96-5)	A
(8) Manganese cyclopentadienyltricarbonyl (12079-65-1) as Mn-skin	A
(9) Manganese tetroxide (1317-35-7)	A
(10) Marble (see Calcium carbonate)	
(11) *MeA-a-C(2-Amino-3-methyl-9H-pyrido[2,3-b]indole)	R
(12) *Medroxyprogesterone acetate	R
(13) *Melphalan (148-82-3)	RT
(14) Mercaptoacetic acid (see Thioglycolic acid)	
(15) Mercury, as Hg-skin (7439-97-6)	AN
(16) *Merphalan	R
(17) Mesityl oxide (141-79-7)	ANO
(18) Mestranol (72-33-3)	R
(19) Methacrylic acid (79-41-4)	A
(20) Methane (74-82-8)	A
(21) Methanethiol (see Methyl mercaptan)	
(22) Methanol (see Methyl alcohol)	
(23) Methomyl (Lannate)-skin (16752-77-5)	A
(24) *Methoxsalen with ultra-violet A therapy (PUVA)	RT
(25) Methoxychlor (72-43-5)	AO
(26) 2-Methoxyethanol (Methyl cellosolve)-skin (109-86-4)	AO
(27) 2-Methoxyethyl acetate-skin (110-49-6)	A
(28) 4-Methoxyphenol (150-76-5)	A
(29) 3-Methoxypropylamine (5332-73-0)	I
(30) *Methoxysalen (with ultra-violet A therapy, PUVA)	R
(31) Methyl acetate (79-20-9)	AO
(32) Methyl acetylene (Propyne) (74-99-7)	AO
(33) Methyl acetylene-propadiene mixture (MAPP)	AO
(34) Methyl acrylate-skin (96-33-3)	AO
(35) Methylacrylonitrile-skin (126-98-7)	A
(36) Methylal (Dimethoxy methane) (109-87-5)	AO
(37) Methyl alcohol (Methanol)-skin (67-56-1)	ANO
(38) Methyl amine (74-89-5)	AO

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

(39) Methyl amyl alcohol (see Methyl isobutyl carbinol)-skin	
(40) Methyl n-amyl ketone (2-Heptanone) (110-43-0)	ANO
(41) N-Methyl aniline-skin (100-61-8)	A
(42) <u>*2-Methylaziridine (75-55-8)</u>	<u>RT</u>
(43) <u>*Methylazoxymethanol and its acetates</u>	<u>R</u>
(44) <u>*Methyl bromide-skin (74-83-9)</u>	ANO
(45) Methyl-n-butyl ketone (591-78-6)	ANO
(46) Methyl cellosolve-skin (109-86-4)	O
(47) Methyl cellosolve acetate (Ethylene glycol monomethyl ether acetate)-skin (110-49-6)	AO
(48) <u>*Methyl chloride (74-87-3)</u>	ANO
(49) Methyl chloroform (1,1-Trichloroethane) (71-55-6)	ANO
(50) <u>*Methyl chloromethyl ether (107-30-2)</u>	ANO
(51) <u>*5-Methylchrysene</u>	<u>R</u>
(52) Methyl-2-cyanoacrylate (137-05-3)	A
(53) Methylcyclohexane (108-87-2)	AO
(54) Methylcyclohexanol (25639-42-3)	AO
(55) o-Methylcyclohexanone-skin (583-60-8)	AO
(56) 2-Methylcyclopentadienyl manganese tricarbonyl, as Mn-Skin (12108-13-3)	A
(57) Methyl demeton-skin (8022-00-2)	A
(58) <u>*4,4'-Methylenebis(N,N-dimethyl)benzenamine (101-61-1)</u>	<u>T</u>
(59) Methylene bisphenyl isocyanate (MDI) (101-68-8)	ANO
(60) <u>*Methylene chloride (75-09-2)</u>	ANO
(61) <u>*4,4'-Methylenebis(2-Chloroaniline) (MBOCA)-skin (101-14-4)</u>	ANRT
(62) <u>*4,4'-Methylenebis(2-methylaniline)</u>	<u>R</u>
(63) <u>*4,4'-Methylenebis(N,N-dimethyl)benzenamine (101-61-1)</u>	<u>T</u>
(64) <u>Methylene bis (4-cyclohexylisocyanate) -(4-cyclohexylisocyanate) (5124-30-1)</u>	A
(65) <u>*4,4-Methylene dianiline-skin; and its dihydrochloride (101-77-9)</u>	ANRT
(66) Methyl ethyl ketone (MEK) (78-93-3)	ANO
(67) Methyl ethyl ketone peroxide (1338-23-4)	AO
(68) Methyl formate (107-31-3)	AO
(69) 5-Methyl-3-heptanone (see Ethyl amyl ketone)	
(70) <u>*Methyl hydrazine-skin (60-34-4)</u>	ANO
(71) <u>*Methyl iodide-skin (74-88-4)</u>	ANOT
(72) Methyl isoamyl ketone (110-12-3)	AN
(73) Methyl isobutyl carbinol-skin (405-30-6 108-11-2)	AO
(74) Methyl isobutyl ketone (Hexone) (108-10-1)	ANO
(75) Methyl isocyanate-skin (624-83-9)	AO

Proposed Rules

(76) Methyl isopropyl ketone (563-80-4)	A
(77) *Methyl methanesulphonate	R
(78) Methyl mercaptan (74-93-1)	ANO
(79) Methyl methacrylate (80-62-6)	AO
(80) 2-methyl-1-nitroanthraquinone (uncertain purity)	R
(81) *N-Methyl-N'-nitro-N-nitrosoguanidine (MNNG)	R
(82) *N-Methyl-N-nitrosourea	R
(83) *N-Methyl-N-nitrosourethane	R
(84) Methyl parathion-skin (298-00-0)	AN
(85) Methyl n-propyl ketone (107-87-9)	ANO
(86) Methyl silicate (681-84-5)	A
(87) α-Methyl styrene (98-83-9)	AO
(88) *Methylthiouracil	R
(89) Metribuzin (21087-64-9)	A
(90) *Metronidazole (443-48-1)	RT
(91) Mevinphos (PHOSDRIN®)-skin (7786-34-7)	A
(92) Mica, dust (12001-25-2)	AO
(93) *Michler's Ketone (90-94-8)	T
(94) *Mineral oils (lubricant, base oils, and derived products) (general: 8002-05-9) (untreated vacuum distillates; acid-treated oils; aromatic oils; mildly solvent-refined oils; mildly hydro-treated oils; used gasoline-engine oil; and mineral oils used in mulespinning, metal machining, and jute processing)	AORT
(95) Mineral wool fiber	A
(96) *Mirex (2385-85-5)	RT
(97) *Mitomycin C	R
(98) Molybdenum (7439-98-7), as Mo, soluble/insoluble compounds	AO
(99) Monochloroacetic acid-skin (79-11-8)	I
(100) Monochlorobenzene (see Chlorobenzene)	
(101) *Monocrotaline	R
(102) Monocrotophos (Azodrin) (6923-22-4)	A
(103) Monomethyl aniline-skin (100-61-8)	AO
(104) Monomethyl hydrazine-skin (60-34-4)	O
(105) Morpholine-skin (110-91-8)	AO
(106) *5-(Morpholinomethyl)-3-[(5-nitrofurfurylidene) amino]-2-oxazolidinone	R
(107) *Mustard gas (505-60-2)	RT

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

M. Hazardous substances beginning with the letter N:

(1) <u>Nafenopin</u>	<u>R</u>
(2) <u>Naled (300-76-5) (Dibrom)</u>	<u>A</u>
(3) <u>Naphtha (Coal Tar) (MX8030-31-7)</u>	<u>O</u>
(4) <u>Naphtha (Varnish Makers & Painters or VM&P Naphtha)</u>	<u>A</u>
(5) <u>Naphtha (Rubber Solvent)</u>	<u>AO</u>
(6) <u>Naphthalene (91-20-3)</u>	<u>AO</u>
(7) <u>Naphthalene diisocyanate (25551-28-4)</u>	<u>N</u>
(8) <u>*α-Naphthylamine (91-59-8)</u>	<u>NO</u>
(9) <u>*β-Naphthylamine (91-59-8)</u>	<u>ANRT</u>
(10) <u>α-Naphthylthiourea (see ANTU)</u>	
(11) <u>Neon (7440-01-09)</u>	<u>A</u>
(12) <u>Niax* Catalyst ESN</u>	<u>N</u>
(13) <u>*Nickel carbonyl (13463-39-3), as Ni</u>	<u>ANO</u>
(14) <u>*Nickel (7440-02-0), metal, and soluble compounds, as Ni</u>	<u>ANORT</u>
(15) <u>*Nickel sulfide roasting, fume, & dust, as Ni</u>	<u>A</u>
(16) <u>Nicotine-skin (54-11-5)</u>	<u>AO</u>
(17) <u>*Niridazole</u>	<u>R</u>
(18) <u>Nitrapyrin (1929-82-4)</u>	<u>A</u>
(19) <u>Nitric acid (7697-37-2)</u>	<u>ANO</u>
(20) <u>Nitric oxide (10102-43-9)</u>	<u>AO</u>
(21) <u>*Nitriolotriacetic acid (139-13-9)</u>	<u>T</u>
(22) <u>*5-Nitroacenaphthene</u>	<u>R</u>
(23) <u>p-Nitroaniline-skin (100-01-6)</u>	<u>AO</u>
(24) <u>*5-Nitro-o-anisidine (99-59-2)</u>	<u>T</u>
(25) <u>*4-Nitrobiphenyl (see *4-Nitrodiphenyl)</u>	
(26) <u>Nitrobenzene-skin (98-95-3)</u>	<u>AO</u>
(27) <u>p-Nitrochlorobenzene-skin (100-00-5)</u>	<u>AO</u>
(28) <u>Nitrochloromethane (see Chloropicrin)</u>	
(29) <u>*4-Nitrodiphenyl (92-93-3)</u>	<u>ANO</u>
(30) <u>Nitroethane (79-24-3)</u>	<u>AO</u>
(31) <u>*Nitrofen (1836-75-5)</u>	<u>RT</u>
(32) <u>*1-[(5-Nitrofurfurylidene)amino]-2-imidazolidinone</u>	<u>R</u>
(33) <u>*N-[4-(5-Nitro-2-furyl)-2-thiazolyl]acetamide</u>	<u>R</u>
(34) <u>Nitrogen dioxide (10102-44-0)</u>	<u>ANO</u>
(35) <u>*Nitrogen mustard (51-75-2)</u>	<u>RT</u>
(36) <u>Nitrogen trifluoride (7783-54-2)</u>	<u>AO</u>
(37) <u>Nitroglycerin (NG)-skin (55-63-0)</u>	<u>ANO</u>
(38) <u>Nitromethane (75-52-5)</u>	<u>AO</u>
(39) <u>*2-Nitronaphthalene (581-89-5)</u>	<u>N</u>
(40) <u>*5-Nitro-o-anisidine (99-59-2)</u>	<u>T</u>

Proposed Rules

(41) 1-Nitropropane (108-03-2)	AO
(42) *2-Nitropropane (79-46-9)	ANORT
*N-Nitrosodimethylamine (Dimethylnitrosoamine)-skin (62-75-9)	AΘ
(43) *N-Nitrosodi-n-butylamine (924-16-3)	RT
(44) *N-Nitrosodiethanolamine (1116-54-7)	RT
(45) *N-Nitrosodiethylamine (55-18-5)	RT
(46) *N-Nitrosodiemethylamine (62-75-9)	AONRT
(47) *p-Nitrosodiphenylamine (156-10-5)	T
(48) *N-Nitrosodi-n-propylamine (621-64-7)	RT
(49) *N-Nitroso-N-ethylurea (759-73-9)	T
(50) *N-Nitroso-N-methylurea (684-93-5)	T
(51) *3-(N-Nitrosomethylamino)propionitrile	R
(52) *4-(N-Nitrosomethylamino)-1-(3-pyridyl)-1-butanone (NNK)	R
(53) *N-Nitrosomethylethylamine	R
(54) *N-Nitrosomethylvinylamine (4549-40-0)	RT
(55) *N-Nitrosomorpholine (59-89-2)	RT
(56) *N-Nitrosomornicotine (16543-55-8)	RT
(57) *N-Nitrosopiperidine (100-75-4)	RT
(58) *N-Nitrosopyrrolidine (930-55-2)	RT
(59) *N-Nitrososarcosine (13256-22-9)	RT
(60) Nitrotoluene-skin (99-08-1)	AO
(61) Nitrotrichloromethane (see Chloropicrin)	
(62) Nitrous oxide (10024-97-2)	N
(63) Nonane (111-84-2)	A
(64) *Norethisterone (68-22-4)	RT
(65) Nuisance Dust (see Dust)	

N. Hazardous substances beginning with the letter O:

(1) Octachloronaphthalene-skin (2234-13-1)	AO
(2) Octane (111-65-9)	ANO
(3) 1-Octanol (111-87-5)	I
(4) *Oestradiol-17B (50-28-2)	R
(5) *Oestrone (53-16-7)	R
(6) *Oil mist, mineral (8012-95-1)	AΘ
Organic arsenic compounds, as As	Θ
(7) Organo (alkyl) mercury	O
(8) Organotin compounds	NO

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

(9) Osmium tetroxide (20816-12-0), as Os	AO
(10) Oxalic acid (144-62-7)	AO
(11) Oxygen difluoride (7783-41-7)	AO
(12) *Oxymetholone (434-07-1)	RT
(13) Ozone (10028-15-6)	AO
<u>Q. Hazardous substances beginning with the letter P:</u>	
(1) *PCB (see Chlorodiphenyl)	
(2) *Panfuran S (containing dihydroxymethylfuratrizine)	R
(3) Paraffin wax fume (8002-74-2)	A
(4) Paraquat - respirable sizes (4685-14-7)	A
(5) Paraquat-skin (1910-42-5)	AO
(6) Parathion-skin (56-38-2)	ANO
(7) Particulate polycyclic aromatic hydrocarbons (PPAH) (see Coal tar pitch volatiles)	
(8) Pentaborane (19624-22-7)	AO
(9) Pentachloroethane (76-01-7)	N
(10) Pentachloronaphthalene (1321-64-8)	AO
(11) Pentachlorophenol-skin (PCP) (87-86-5) (see also Chlorophenols)	AO
(12) Pentaerythritol (115-77-5)	A
(13) Pentaerythritol triacrylate (3524-68-3)	I
(14) Pentane (109-66-0)	ANO
(15) 2-Pentanone (see Methyl propyl ketone)	
(16) Perchloroethylene (Tetrachloroethylene)-skin (127-18-4)	ANO
(17) Perchloromethyl mercaptan (594-42-3)	AO
(18) Perchloryl fluoride (7616-94-6)	AO
(19) Percipitated silica (see Silica - Amorphous)	
(20) Perlite	A
(21) Petroleum Distillates (Naphtha) (8030-30-6)	O
(22) *Phenacetin (62-44-2)	RT
(23) Phenacyl chloride (see a-Chloroacetophenone)	
(24) *Phenazopyridine (94-78-0)	RT
(25) *Phenazopyridine hydrochloride (136-40-3)	RT
(26) *Phenobarbitol	R
(27) Phenol-skin (108-95-2)	ANO
(28) Phenothiazine-skin (92-84-2)	A
(29) *Phenoxyacetic acid herbicides	R
(30) *Phenoxybenzamine hydrochloride	R
(31) *N-Phenyl-beta-naphthylamine (135-88-6)	AN
(32) p-Phenylene diamine-skin (106-50-3)	AO
(33) Phenyl ether (101-84-8)	AO

Proposed Rules

(34) Phenyl ether-biphenyl mixture, vapor	O
(35) Phenylethylene (see Styrene, monomer)	
(36) Phenyl glycidyl ether (PGE) (122-60-1)	ANO
(37) *Phenylhydrazine-skin (100-63-0)	ANO
(38) Phenyl mercaptan (108-98-5)	A
(39) Phenylphosphine (638-21-1)	A
(40) *Phenytoin (and sodium salts of) (57-41-0)	RT
(41) Phorate (Thimet)-skin (298-02-2)	A
(42) Phosdrin (Mevinphos)-skin (7786-34-7)	AO
(43) Phosgene (Carbonyl chloride) (75-44-5)	ANO
(44) Phosphamidon (13171-21-6)	O
(45) Phosphine (3803-51-2 7803-51-2)	AO
(46) Phosphoric acid (7664-38-2)	AO
(47) Phosphorus (yellow) (7723-14-0)	AO
(48) Phosphorus oxychloride (10026-13-8 10025-87-3)	A
(49) Phosphorus pentachloride (10026-13-8)	AO
(50) Phosphorus pentasulfide (1314-80-3)	AO
(51) Phosphorus trichloride (7719-12-2)	AO
(52) Phthalic anhydride (85-44-9)	AO
(53) m-Phthalodinitrile (626-17-5)	A
(54) Picloram (Tordon) (1918-02-1)	A
(55) Picolines-skin	I
(56) Picric acid (2,4,6-Trinitrophenol)-skin (88-89-1)	AO
(57) Pindone (2-Pivaloyl-a,3-indandione) (83-26-1)	A
(58) Piperazine dihydrochloride (142-64-3)	A
(59) Piperidine (110-89-4)	I
(60) Pival ^R ® (Pindone) (83-26-1)	AO
(61) 2-Pivalyl-1,3-indandione (see Pindone)	
(62) Plaster of Paris (see Calcium sulfate)	
(63) Platinum (Metal) (7440-06-4)	A
(64) Platinum (7440-06-04), soluble salts, as Pt	AO
(65) *Polybrominated biphenyls (36355-01-8)	RT
(66) *Polychlorinated biphenyls (see also chlorodiphenyl) (1336-36-3)	NRT
(67) *Polychlorobiphenyls (PCBs) (see Chlorodiphenyls)	
(68) Polyethylene glycol, particulate glycols (25322-68-3)	I
(69) Polypropylene glycol, particulate glycols (25322-69-4)	I
(70) Polytetrafluoroethylene (TEFLON) decomposition products	A

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(71) <u>*Ponceau MX</u>	<u>R</u>
(72) <u>*Ponceau 3R</u>	<u>R</u>
(73) <u>Portland cement (65997-15-1)</u>	<u>A</u>
(74) <u>Potassium bromate (7758-01-2)</u>	<u>AIR</u>
(75) <u>Potassium hydroxide (1310-58-3)</u>	<u>A</u>
(76) <u>*Procarbazine (671-16-9)</u>	<u>RT</u>
(77) <u>*Procarbazine hydrochloride (366-70-1)</u>	<u>RT</u>
(78) <u>*Progesterone (57-83-0)</u>	<u>RT</u>
(79) <u>*Progestins</u>	<u>R</u>
(80) <u>Propane (74-98-6)</u>	<u>AO</u>
(81) <u>*Propane sultone (1120-71-4)</u>	<u>ART</u>
(82) <u>1-Propanethiol (see Propyl mercaptan)</u>	
(83) <u>Propargyl alcohol-skin (107-19-7)</u>	<u>A</u>
(84) <u>*b-Propiolactone (57-57-8)</u>	<u>ANORT</u>
(85) <u>Propionic acid (79-09-4)</u>	<u>A</u>
(86) <u>Propoxur (see BAYGON[®])</u>	
(87) <u>n-Propyl acetate (109-60-4)</u>	<u>AO</u>
(88) <u>n-Propyl alcohol-skin (71-23-8)</u>	<u>AO</u>
(89) <u>n-Propyl mercaptan (107-03-9)</u>	<u>NO</u>
(90) <u>n-Propyl nitrate (627-13-4)</u>	<u>AO</u>
(91) <u>Propylene (115-07-1)</u>	<u>A</u>
(92) <u>Propylene dichloride (1,2-Dichloro propane) (78-87-5)</u>	<u>AO</u>
(93) <u>Propylene glycol (57-556)</u>	<u>I</u>
(94) <u>Propylene glycol dinitrate (PGDN)-skin (6423-43-4)</u>	<u>A</u>
(95) <u>Propylene glycol monomethyl ether (107-98-2)</u>	<u>A</u>
(96) <u>*Propylene imine-skin (75-55-8)</u>	<u>AO</u>
(97) <u>Propylene oxide (75-56-9)</u>	<u>AOR</u>
(98) <u>n-Propyl nitrate (627-13-4)</u>	<u>A</u>
(99) <u>*Propylthiouracil (51-52-5)</u>	<u>RT</u>
(100) <u>Propyne (74-99-7)</u>	<u>AO</u>
(101) <u>Pseudocumene (see 1,2,4-Trimethyl benzene)</u>	
(102) <u>Pyrethrum (8003-34-7)</u>	<u>AO</u>
(103) <u>Pyridine (110-86-1)</u>	<u>AO</u>
(104) <u>Pyrocatechol (Catechol) (120-80-9)</u>	<u>A</u>

P. Hazardous substances beginning with the letter Q:

(1) <u>Quartz (see Silica - Crystalline)</u>	
(2) <u>Quinoline-skin (91-22-5)</u>	<u>I</u>
(3) <u>Quinone (106-51-4)</u>	<u>AO</u>

Q. Hazardous substances beginning with the letter R:

(1) <u>RDX (Cyclonite)-skin (121-82-4)</u>	<u>A</u>
(2) <u>*Reserpine (50-55-5)</u>	<u>T</u>

Proposed Rules

(3) Resorcinol (108-46-3)	A
(4) Rhodium (7440-16-6)	AO
(5) Ronnel (299-84-3)	AO
(6) Rosin core solder pyrolysis products, as Formaldehyde	A
(7) Rotenone (Commercial) (83-79-4)	AO
(8) Rouge	A
(9) Rubber solvent (Naphtha) (<u>see Naphtha - Rubber Solvent</u>)	AO
R. Hazardous substances beginning with the letter S:	
(1) *Saccharin (81-07-2)	RT
(2) *Safrole (394-59-7)	RT
(3) Selenium compounds (7782-49-2), as Se	AO
(4) Selenium hexafluoride (7783-79-1), as Se	AO
(5) *Selenium sulfide (7446-34-6)	T
(6) *Sequential oral contraceptives (compound(s) responsible for the probable carcinogenic effect in humans cannot be specified)	R
(7) Sesone (136-78-7)	A
(8) Sevin (63-25-2)	AO
(9) *Shale oils (68308-34-9)	R
(10) Silane (see Silicon tetrahydride)	
(11) *Silica (SiO ₂) (7631-86-9)	ANOR
(12) Silica - Amorphous Diatomaceous earth (uncalcined) (68855-54-9)	AR
- Percipitated silica	
- Silica gel	
(13) Silica - Crystalline	
Cristobalite (14464-46-1)	A
Quartz (14808-60-7)	A
Silica, fused (60676-86-0)	A
Tridymite (15468-32-3)	A
Tripoli (1317-95-9)	A
(14) Silicon (7440-21-3)	A
(15) Silicon carbide (409-21-2)	A
(16) Silicon tetrahydride (7803-62-5)	A
(17) Silver (7440-22-4), metal & and soluble compounds, as Ag	AO
(18) Soapstone, dust	AO
(19) Sodium azide (26628-22-8)	A

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(20) Sodium bisulfite (7631-90-5)	A
(21) Sodium 2,4-dichlorophenoxyethyl sulfate (CRAG) (136-78-7)	AO
(22) Sodium fluoroacetate (1080) -skin (62-74-8)	AO
(23) Sodium hydroxide (1310-73-2)	ANO
(24) Sodium hypochlorite (7681-52-9)	I
(25) Sodium metabisulfite (7681-57-4)	A
(26) *Sodium ortho-phenylphenate	R
(27) *Soots	RT
(28) Starch (9005-25-8)	A
(29) Stearates	A
(30) *Sterigmatocystin	R
(31) Stibine (7803-52-3)	AO
(32) Stoddard solvent (8052-41-3)	ANO
(33) *Streptozotocin (18883-66-4)	RT
(34) Strychnine (57-24-9)	AO
(35) Styrene, monomer (100-42-5)	ANO
(36) *Styrene, oxide	R
(37) Subtilisins (1395-21-7) (Proteolytic enzymes as 100% pure crystalline enzyme)	A
(38) Succinonitrile (110-61-2)	N
(39) Sucrose (57-50-1)	A
(40) Sulfotep-skin (3689-24-5)	A
(41) Sulfur dioxide (7446-09-5)	ANO
(42) Sulfur hexafluoride (2551-62-4)	AO
(43) Sulfuric acid (7664-93-9)	ANO
(44) Sulfur monochloride (10025-67-9)	AO
(45) Sulfur pentafluoride (Dimer) (5714-22-7)	AO
(46) Sulfur tetrafluoride (7783-60-0)	A
(47) Sulfuryl fluoride (2699-79-8)	AO
(48) *Sulfallate (95-06-7)	RT
(49) Sulprofos (35400-43-2)	A
(50) Systox-skin (8065-48-3)	AO
 <u>S. Hazardous substances beginning with the letter T:</u>	
(1) 2,4,5-T (2,4,5-Trichlorophenoxyacetic acid) (93-76-5)	AO
(2) Talc (Nonasbestiform, resp. & and fibrous) (14807-96-6)	AO
(3) Talc (containing asbestiform fibers)	AR
(4) Tantalum, metal and oxide (7440-25-7)	AO
(5) TEDP (Tetraethyldithionopyrophosphate)-skin (13494-80-9 3689-24-5)	AO
(6) Teflon decomposition products	A
(7) Tellurium & and compounds (13494-80-9), as Te	AO

Proposed Rules

(8) Tellurium hexafluoride (7783-80-4), as Te	AO
(9) Temephos (3383-96-8)	A
(10) TEPP-skin (107-49-3)	AO
(11) Terphenyls (92-94-4 <u>26140-60-3</u>)	A
(12) <u>*2,3,7,8-Tetrachlorodibenzo-para-dioxin (TCDD)</u> (1746-01-6)	RT
(13) 1,1,1,2-Tetrachloro-2,2-difluoroethane (Fluorocarbon 112a) (76-11-9)	AO
(14) 1,1,2,2-Tetrachloro-1,2-difluoroethane (Fluorocarbon 112) (76-12-0)	AO
(15) <u>*1,1,2,2-Tetrachloroethane-skin</u> (79-34-5)	ANO
(16) <u>*Tetrachloroethylene</u> (see Perchloroethylene)	
(17) Tetrachloromethane (see Carbon tetrachloride)	
(18) Tetrachloronaphthalene-skin (1335-88-2)	AO
(19) Tetraethyl lead, as Pb-skin (78-00-2)	AO
(20) Tetraethylene glycol diacrylate (<u>17831-71-9</u>)	I
(21) Tetrahydrofuran (109-99-9)	AO
(22) Tetramethyl lead, as Pb-skin (75-74-1)	AO
(23) Tetramethyl succinonitrile-skin (3333-52-6)	ANO
(24) Tetranitromethane (509-14-8)	AO
(25) Tetrasodium pyrophosphate (7722-88-5)	A
(26) Tetryl (2,4,6-Trinitrophenylmethylnitramine)-skin (479-45-8)	AO
(27) Thallium - <u>soluble compounds, as Tl-skin</u> (7440-28-0)	AO
(28) <u>*Thioacetamide</u> (62-56-5)	T
(29) 4,4'-Thiobis (6-tert butyl-m-cresol) (96-69-5)	A
(30) <u>*4,4'-Thiodianiline</u>	R
(31) Thioglycolic acid (68-11-1)	A
(32) Thiols (N-alkyl mercaptans <u>n-alkane monothiols</u>)	N
(33) <u>Thionyl chloride</u> (7719-09-7)	A
(34) <u>*Thiourea</u> (62-56-6)	RT
(35) Thiram (Tetramethyl thiuram disulfide) (137-26-8)	AO
(36) <u>*Thorium dioxide</u> (1314-20-1)	T
(37) Tin (Metal) (7440-31-5)	AO
(38) <u>Tin, organic compounds, as Sn-skin</u>	
(39) <u>Tin oxide, dust and inorganic compounds, except</u> <u>SnH₄, as Sn</u>	A

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

(40) <u>Titanium dioxide (13463-67-7)</u>	<u>A</u>
(41) <u>*o-Tolidine (119-93-7)</u>	AN
(42) <u>*o-Tolidine-based dyes</u>	<u>N</u>
(43) <u>Toluene (Toluol) (108-88-3)</u>	ANO
(44) <u>Toluene 2-4-diamine-skin (95-80-7)</u>	<u>I</u>
(45) <u>Toluene diisocyanate (584-84-9)</u>	<u>T</u>
(46) <u>Toluene-2,4-diisocyanate (TDI) (584-84-9)</u>	ANOR
(47) <u>p-Toluene sulfonyl chloride (98-59-9)</u>	<u>I</u>
(48) <u>m-Toluidine-skin (108-44-1)</u>	<u>A</u>
(49) <u>*o-Toluidine-skin (95-53-4)</u>	ANORT
(50) <u>*o-Toluidine hydrochloride (636-21-5)</u>	<u>T</u>
(51) <u>*p-Toluidine-skin (106-49-0)</u>	<u>A</u>
(52) <u>Toxaphene (see Chlorinated camphene)</u>	
(53) <u>Tremolite (see Talc, fibrous)</u>	
(54) <u>*Treosulphan (299-75-2)</u>	<u>R</u>
(55) <u>Tributyl phosphate (126-73-8)</u>	AO
(56) <u>Trichloroacetic acid (76-03-9)</u>	A
(57) <u>1,2,4-Trichlorobenzene (120-82-1)</u>	A
(58) <u>1,1,1-Trichloroethane (see Methyl chloroform)</u> <u>1,1,2-Trichloroethane-skin</u>	
(59) <u>*1,1,2-Trichloroethane-skin (79-00-5)</u>	ANO
(60) <u>*Trichloroethylene (79-01-6)</u>	ANO
(61) <u>Trichlorofluoromethane (Fluorocarbon 11) (75-69-4)</u>	A
(62) <u>Trichloromethane (see Chloroform)</u>	
(63) <u>Trichloronaphthalene (Halowax) (1321-65-9)</u>	AO
(64) <u>Trichloronitromethane (see Chloropicrin)</u>	
(65) <u>*2,4,6-Trichlorophenol (88-06-2)</u>	<u>RT</u>
(66) <u>1,2,3-Trichloropropane (96-18-4)</u>	AO
(67) <u>1,1,2-Trichloro-1,2,2-trifluoroethane</u> <u>(Fluorocarbon 113) (76-13-1)</u>	AO
(68) <u>Tricyclohexyltin hydroxide (Cyhexatin) (13121-70-5)</u>	A
(69) <u>Tridymite (see Silica - Crystalline)</u>	
(70) <u>Triethylamine (121-44-8)</u>	AO
(71) <u>Triethylene glycol diacrylate (1680-21-3)</u>	<u>I</u>
(72) <u>Trifluorobromomethane (Fluorocarbon 13B1) (75-63-8)</u>	AO
(73) <u>Trifluoromonobromomethane (Fluorocarbon 13B1, see</u> <u>Trifluorobromomethane)</u>	
(74) <u>Trimellitic anhydride (552-30-7)</u>	AN
(75) <u>Trimethylamine (75-50-3)</u>	AI
(76) <u>Trimethyl benzene (25551-13-7)</u>	A
(77) <u>Trimethyl phosphite (121-45-9)</u>	A
(78) <u>Trimethylolpropane triacrylate (15625-89-5)</u>	<u>I</u>

(79) Trimethylolpropane trimethacrylate (3290-92-4)	I
(80) 2,4,6-Trinitrophenol (see Picric acid)	
(81) 2,4,6-Trinitrophenylmethylnitramine (see Tetryl)	
(82) 2,4,6-Trinitrotoluene (TNT)-skin (118-96-7)	AO
(83) Triorthocresyl phosphate (TOCP)- skin (78-30-8)	AO
(84) Triphenyl amine (603-34-9)	A
(85) Triphenyl phosphate (115-86-6)	AO
(86) <u>Tripoli</u> (1317-95-9)	<u>A</u>
(87) Trisodium phosphate (7601-54-9)	I
(88) * <u>Tris(aziridinyl)-para-benzoquinone</u> (Triaziquone) (68-76-8)	<u>R</u>
(89) * <u>Tris(1-aziridinyl)phosphine sulphide</u> (Thiotepa) (52-24-4)	<u>RT</u>
(90) * <u>Tris(2,3-dibromopropyl)phosphate</u> (126-72-7)	<u>T</u>
(91) * <u>Trp-P-1 (and its acetate)</u> (62450-06-0) (3-Amino-1,4-dimethyl-5H-pyrido[4,3-b] indole)	<u>R</u>
(92) * <u>Trp-P-2 (and its acetate)</u> (62450-07-1) (3-Amino-1-methyl-5H-pyrido[4,3-b] indole)	<u>R</u>
(93) * <u>Trypan blue</u>	<u>R</u>
(94) Tungsten & <u>and</u> compounds (7440-33-7), as W	AN
(95) Turpentine (8006-64-2)	AO
<u>T. Hazardous substances beginning with the letter U:</u>	
(1) * <u>Uracil mustard</u> (66-75-1)	<u>R</u>
(2) Uranium, natural compounds, as U, soluble & <u>and</u> insoluble (7440-61-1)	AO
(3) <u>Urea</u>	I
(4) * <u>Urethane (ethyl carbonate)</u> (51-79-6)	<u>RT</u>
<u>U. Hazardous substances beginning with the letter V:</u>	
(1) Valeraldehyde (110-62-3)	A
(2) Vanadium, as <u>V₂O₅</u> , dust & <u>and</u> fume (1314-62-1)	ANO
(3) <u>Vegetable oil mists</u>	<u>A</u>
(4) Vinyl acetate (108-05-4)	AN
(5) Vinyl benzene (see Styrene)	
(6) *Vinyl bromide (593-60-2)	A
(7) *Vinyl chloride (75-01-4)	AN <u>ORT</u>
(8) Vinyl cyanide (see Acrylonitrile)	
(9) <u>Vinyl cyclohexene</u> (100-40-3)	I

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

- | | |
|---|----|
| (10) *Vinyl cyclohexene dioxide-skin (106-87-6) | A |
| (11) *Vinyl halides | N |
| (12) Vinylidene chloride (1,1-Dichloroethylene) (75-35-4) | A |
| (13) Vinyl toluene (25013-15-4) | AO |
| (14) VM&P Naphtha (8030-30-6) | A |

V. Hazardous substances beginning with the letter W:

- | | |
|--|----|
| (1) Warfarin (81-81-2) | AO |
| (2) Waste anesthetic gases and vapors | N |
| (3) Welding fumes | A |
| (4) Wood dust; certain hardwoods-(as beech & and oak);
softwood | A |

W. Hazardous substances beginning with the letter X:

- | | |
|--|-----|
| (1) Xylene (o-m-p-isomers) (1330-20-7) | ANO |
| (2) m-Xylene a,a'-diamine (MXDA, meta-meta-xylenediamine)
(1477-55-0) | A |
| Xylidene-skin | |
| (3) Xylidine (mixed isomers)-skin (1300-73-8) | AO |

X. Hazardous substances beginning with the letter Y:

- | | |
|--|---|
| Yttrium, metal and compounds, as Y (7440-65-5) | A |
|--|---|

Y. Hazardous substances beginning with the letter Z:

- | | |
|--|-----|
| (1) Zinc chloride fume (7646-85-7) | AO |
| (2) *Zinc chromate chromates (13530-65-9;
11103-86-9; 37300-23-5), as Cr | A |
| (3) Zinc oxide, fume and dust (1314-13-2) | ANO |
| (4) Zinc stearate (557-05-1) | A |
| (5) Zirconium compounds (7440-67-2), as Zr | AO |

5206.0600 INFECTIOUS AGENTS; HOSPITALS AND CLINICS.

Subpart 1. and 2. [Unchanged.]

Subp. 3. **Codes for lists of infectious agents.** The lists of infectious agents in subparts 4 to 6 are coded as follows to designate a reference document which contains information concerning the particular agent:

- A. "A" - Guidelines for Isolation Precautions in Hospitals, Centers for Disease Control, 1983.
- B. "B" - Diagnostic Microbiology, Bailey and Scott's, Sixth Edition, 1982.
- C. "C" - Control of Communicable Disease in Man, Abram S. Benenson, Editor; American Public Health Association, ~~1984~~ 1985.
- D. "D" - Biosafety in Microbiological and Biomedical Laboratories, Centers for Disease Control, March 1983 draft.
- E. "M" - Reportable Disease List, Minnesota Department of Health, Revised ~~1983~~ 1985.
- F. "O" - Classification of Microorganisms on the Basis of Hazard, Appendix B-1, Centers for Disease Control and National Institute of Health, 1982.

Subp. 4. **Bacterial agents.** Bacterial agents:

- A. Bacillus anthracis, ABCDM;
- B. Bordetella ~~ABCM~~, ABC;

- C. Brucella₁ ABCDM₁;
- D. Campylobacter₁ ABCDM₁;
- E. Chlamydia₁ CM₁;
- F. Corynebacterium diphtheriae₁ ABCDM₁;
- G. enteropathogenic Escherichia coli ~~ACM₁~~ AC₁;
- H. Francisella tularensis₁ BCDM₁;
- I. Haemophilus influenzae₁ ABCM₁;
- J. Klebsiella pneumoniae ~~ABCM₁~~ ABC₁;
- K. Legionella₁ ACDM₁;
- L. Leptospira interrogans₁ ABCDM₁;
- M. Listeria monocytogenes₁ C₁;
- N. Moraxella₁ C₁;
- O. Mycobacteria₁ ABCDM₁;
- P. Mycoplasma pneumoniae₁ ABCM₁;
- Q. Neisseria gonorrhoeae, N. meningitidis₁ ABCDM₁;
- R. Pasteurella (see Yersinia)₁ ACM₁;
- S. Pseudomonas₁ ABCD₁;
- T. Salmonella₁ ABCDM₁;
- U. Shigella₁ ACDM₁;
- V. Staphylococcus aureus₁ ABCM₁;
- W. Streptococcus pneumoniae, S. pyogenes, S. group A₁ ABCM₁;
- X. Treponema₁ BC₁;
- Y. Vibrio Cholerae, V. fetus, V. parahemolyticus₁ ABCM₁; and
- Z. Yersinia₁ ACDM₁.

Subp. 5. **Viral agents.** Viral agents:

- A. Adenoviruses₁ AC₁;
- B. AIDS agent (see Retrovirus);
- C. Arboviruses₁ CM₁;
- (1) California virus;
- (2) Western equine encephalitis virus;
- (3) St. Louis encephalitis virus;
- (4) Eastern equine encephalitis virus;
- D. Arenaviruses₁ Lassa Fever virus ~~ACDM₁~~ ACD₁;
- E. Coronavirus₁ C₁;
- F. Coxsackie A and B viruses₁ ABC₁;
- G. Creutzfeldt-Jakob virus₁ ACD₁;
- H. Dengue virus₁ CD₁;
- I. Ebola fever virus₁ AC₁;

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

J. Echoviruses₁ ABC₁

K. Hemorrhagic fever agents₁ C₁

L. Hepatitis-types A,B, non-A/non-B, unspecified₁ ACDM₁

M. Herpes Viruses₁ ACD₁

(1) Simplex virus₁

(2) Varicella-zoster virus₁

(3) Cytomegalovirus₁

(4) Herpes virus simiae₁

(5) Epstein-Barr virus₁

N. Human Immunodeficiency Virus (see Retrovirus);

O. Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus (See Retrovirus);

P. Influenza viruses₁ ACM₁

Q. Kuru₁ ACD₁

R. Lymphocytic choriomeningitis virus₁ CD₁

S. Marburg virus₁ AC₁

T. Measles virus₁ ACM₁

U. Mumps virus₁ ACM₁

V. Norwalk agent₁ C₁

W. Parainfluenza virus₁ C₁

X. Polioviruses₁ ABCDM₁

Y. Poxviruses₁ CD₁

Z. Rabies virus₁ ACDM₁

AA. Respiratory syncytial virus₁ AC₁

BB. Retrovirus (Human Immunodeficiency virus, Human T-Lymphotropic Virus Type III, Lymphadenopathy-Associated Virus, AIDS Agent), CM₁

CC. Rhinoviruses₁ C₁

DD. Rotaviruses₁ C₁

EE. Rubella virus₁ ACM₁

FF. Variola (Smallpox) ACM₁ AC₁ and

GG. Yellow fever virus₁ ACM₁

Subp. 6. **Fungal agents.** Fungal agents:*

A. Blastomyces dermatitidis₁ ACDM₁

B. Coccidioides immitis₁ ABCD₁

C. Histoplasma capsulatum₁ ABCDM₁

D. Mucoraceae₁ C₁

E. Paracoccidioides brasiliensis₁ C₁ and

F. Sporothrix schenckii₁ ACD₁

*Laboratory risk only; no risk to patient-care personnel.

Subp. 7. **Parasitic Agents.**

A. Acanthamoeba₁ C₁

B. Coccidia cryptosporidium₁ D₁

C. Entamoeba histolytica₁ ACDM₁

- D. Enterobiasis, AC;
- E. Giardia lamblia, AC;
- F. Pediculus, AC;
- G. Plasmodium - falciparum, C;
- H. Pneumocystis carinii, C;
- I. Sarcoptes scabiei, AC; and
- J. Trichomonas, BC.

Subp. 8. Rickettsial agents.*

- A. Rickettsia prowazekki, C;
- B. Rickettsia typhi, C;
- C. Rickettsia rickettsii, C;
- D. Rickettsia conorii, C;
- E. Rickettsia australis, C;
- F. Rickettsia sibirica, C;
- G. Rickettsia akari, C;
- H. Rickettsia tsutsugamushi, C;
- I. Rickettsia quintana, C; and
- J. Coxiella burnetti, C.

*Laboratory risk only; no risk to patient-care personnel.

5206.0700 TRAINING.

Subpart 1. **In general.** The requirements in items A to G apply to training programs provided to employees concerning hazardous substances, harmful physical agents, and infectious agents.

A. [Unchanged.]

B. The employer shall develop and implement a written Employee Right-to-Know program which, at a minimum, describes how the training, availability of information, and labeling provisions of this chapter will be met. The written program shall also include:

(1) A list of the hazardous substances known to be present using an identity that is referenced on the appropriate material safety data sheet. The list may be compiled for the workplace as a whole or for individual work areas.

(2) The methods the employer will use to inform employees of the hazards of infrequent tasks and the hazards associated with hazardous substances contained in unlabeled pipes in their work areas.

(3) The methods the employer will use to inform any contractor with employees working at the employer's workplace of the hazardous substances employees may be exposed to while performing their work and appropriate protective measures.

Employers shall make the written Employee Right-to-Know program available, upon request, to employees, their designated representatives, and representatives of the Occupational Safety and Health Division.

C. Records of training provided under the requirements of this chapter must be maintained by the employer, retained for five years, and made available, upon request, for review by employees and representatives of the Occupational Safety and Health Division. At a minimum, training records must include:

- (1) the dates training was conducted;
- (2) the name and title of the person who conducted the training;

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(3) the names of employees who completed the training; and

(4) a brief summary or outline of the information that was included in the training session.

~~E.~~ D. Information and training programs may relate to specific exposure hazards; the common hazards of a broad class of hazardous substances, harmful physical agents, and infectious agents; or to the hazards of a complete production operation, whichever is more effective. Specific information on individual hazardous substances or mixtures, harmful physical agents, and infectious agents must be available in writing for employees' use.

~~D.~~ E. Access to a display device shall constitute compliance with the requirement for a written copy of required information which shall be readily accessible in the area or areas in which the hazardous substance, harmful physical agent, or infectious agent is used or handled, provided that a hard copy printout is available to the employee requesting it within 24 hours excluding nonworkdays.

~~E.~~ F. Frequency of training:

(1) Training must be provided to an employee ~~prior to~~ before initial assignment to a workplace where the employee may be routinely exposed to a hazardous substance, harmful physical agent, or infectious agent.

(2) Additional training must be provided to an employee ~~prior to~~ before the time the employee may be routinely exposed to any additional hazardous substances, harmful physical agents, or infectious agents.

(3) All employees who have been routinely exposed to a hazardous substance, harmful physical agent, or infectious agent ~~prior to~~ before January 1, 1984, and who will continue to be routinely exposed to those substances or agents, must be provided with training with respect to those substances and agents by July 1, 1984.

(4) Training updates must be repeated at intervals of not greater than one year. Training updates may be brief summaries of information included in previous training sessions.

~~F.~~ G. The commissioner may, upon request of an employer or an employer's representative, certify an existing training program as complying with this chapter.

~~G.~~ H. The employer shall maintain current information for training or information requests by employees.

I. Technically qualified individuals shall be notified of and may elect to participate in any training or update programs required to be provided under this part to employees who are not technically qualified individuals. The employer shall make a reasonable attempt to allow technically qualified individuals to attend training or update programs which may be held during the employee's scheduled work day.

Subp. 2. **Training program for hazardous substances.** Training for employees who may be routinely exposed to hazardous substances shall be provided in a manner which can be reasonably understood by the employees and must include the following:

A. and B. [Unchanged.]

C. the primary routes of entry and the known acute and chronic effects of exposure at hazardous levels; ~~including routes of entry;~~

D. to J. [Unchanged.]

Subp. 3. **Training program for harmful physical agents.** The training program for employees who may be routinely exposed to harmful physical agents at a level which may be expected to approximate or exceed the permissible exposure limit or applicable action levels shall be provided in a manner which can be reasonably understood by the employees and shall include the information required by the standard for that physical agent as determined by the commissioner including the following:

A. to F. [Unchanged.]

G. the name, phone number, and address, if appropriate, of a manufacturer of the equipment which generates the harmful physical agent; and

H. [Unchanged.]

Subp. 4. [Unchanged.]

5206.0800 AVAILABILITY OF INFORMATION.

Subpart 1. **Data sheets.** A written document containing the information required in the training programs described in part 5206.0700, subparts 2 and 3 shall be available for each hazardous substance or harmful physical agent to which employees who are not technically qualified individuals are routinely exposed.

In hospitals and clinics, a written document containing the information required in part 5206.0700, subpart 4, shall be available. "Control of Communicable Disease in Man," published by the American Public Health Association, is one example of an acceptable written document.

Subp. 1a. Manufacturer's responsibilities. An employer who is a manufacturer of a hazardous substance or mixture of hazardous substances, or of equipment which generates a harmful physical agent, shall provide an employer who purchases the substance or equipment with the information necessary for the purchasing employer to comply with the requirements of part 5206.0700, subparts 2 and 3. The information shall be provided at the time of purchase and shall be current, accurate, and complete for each substance, mixture, or agent.

Subp. 2. [Unchanged.]

Subp. 3. Hazardous concentrations. All components that are hazardous substances and are present in quantities above one percent by weight in a mixture must be listed on the material safety data sheet or equivalent data sheet. Whenever valid evidence indicates that a substance or components of a mixture are hazardous at concentrations less than one percent by weight, these ingredients must be listed and the required hazard information provided on manufacturer's labels and data sheets. Components identified as carcinogens shall be listed if the concentrations are 0.1 percent or greater. Substances and mixtures that are exempt from this requirement are described in part 5206.0400, subpart 2.

Subp. 4. [Unchanged.]

Subp. 5. Form. Provision of a properly completed federal OSHA form 20, "Material Safety Data Sheet," material safety data sheet completed in accordance with Code of Federal Regulations, title 29, part 1910.1200, shall be prima facie proof of compliance with the information requirements of a data sheet or the requirements under Minnesota Statutes, section 182.653, subdivisions 4b, 4e, and 4e this chapter.

Subp. 6. to 8. [Unchanged.]

5206.1000 LABELING HAZARDOUS SUBSTANCES.

Subpart 1. Original shipping containers. Original shipping containers containing a hazardous substance shall be labeled. The label shall provide substantially the same precautionary information as required under the training and information requirements in Minnesota Statutes, section 182.653, subdivisions 4b, 4e, and 4e; that is, to list the generic names of the components which contribute substantially to the hazards of the substance or mixture and provide precautionary data sheet information on those components parts 5206.0700 and 5206.0800. At a minimum, original shipping containers must be tagged or marked with the identity of the hazardous substance; the appropriate hazard warning; and the name and address of the chemical manufacturer, importer, or other responsible party. In addition, a label may be a coded reference to an appropriate and accessible data sheet containing information required under Minnesota Statutes, section 182.653, subdivisions 4b, 4e, and 4e. When appropriate, a current data sheet may be affixed to or posted in accessible close proximity to a container containing a hazardous substance or a harmful physical agent in satisfaction of these labeling requirements part 5206.0700, subpart 2.

Subp. 2. Compliance; accepted labels. Labeling in compliance with the Federal Insecticide, Fungicide and Rodenticide Act or the Federal Hazardous Substances Act shall meet the requirements of the Employee Right-to-Know Act of 1983, following regulations meets the requirements of this chapter:

A. pesticides labeled in accordance with the Federal Insecticide, Fungicide and Rodenticide Act (United States Code, title 7, section 136 et seq.);

B. any food, food additive, color additive, drug, or cosmetic including materials intended for use as ingredients in products labeled in accordance with the requirements of the Federal Food, Drug, and Cosmetic Act (United States Code, title 21, section 301 et seq.);

C. distilled spirits (beverage alcohols), wine, or malt beverage labeled in accordance with the Federal Alcohol Administration Act (United States Code, title 27, section 201 et seq.);

D. any consumer products as defined in the Consumer Product Safety Act (United States Code, title 15, section 2051 et seq.) and labeled in accordance with the requirements of that act; or

E. any hazardous substance as defined in the Federal Hazardous Substances Act (United States Code, title 15, section 1261 et seq.) and labeled in accordance with the requirements of that act.

Subp. 3. [See Repealer.]

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Subp. 4. **Pipelines.** These container labeling requirements do not apply to pipes, piping systems, or pipelines in refineries or other workplaces nor to interstate or intrastate pipelines whose employees have been trained in accordance with the Employee Right to Know Act of 1983. Employees must be trained in the hazards associated with substances in the unlabeled pipes in their work areas in accordance with the requirements of this chapter.

Subp. 5. [Unchanged.]

Subp. 6. **Process Containers.** ~~Process containers shall be either labeled or coded with the names of the hazardous substances they contain. Immediate-use containers need not be labeled~~ The employer may use signs, placards, process sheets, batch tickets, operating procedures, or other such written materials in lieu of affixing labels to individual stationary process containers, as long as the alternative method identifies the containers to which it is applicable and, at a minimum, includes the identity of the hazard and the appropriate hazard warning. The written materials shall be readily accessible to the employees in their work area throughout each work shift.

Subp. 7. **Other containers.** The employer shall ensure that each container of hazardous substances in the workplace that is not labeled in accordance with the requirements of this part, is labeled, tagged, or marked with at least the following information:

- A. identity of the hazardous substance; and
- B. appropriate hazard warning.

Subp. 8. **Immediate-use containers.** Immediate-use containers need not be labeled.

5206.1100 LABELING HARMFUL PHYSICAL AGENTS; LABEL CONTENT.

Equipment or a work area that specifically generates harmful physical agents at a level which may be expected to approximate or exceed the permissible exposure limit or applicable action level shall be labeled. The label shall include:

- A. ~~the name or names of the physical agent including any commonly used synonym; and~~
- B. ~~the level, if any and if known, at which exposure to the physical agent has been restricted according to standards adopted by the commissioner, or, if no standard has been adopted, according to guidelines established by competent professional groups which have conducted research to determine the hazardous properties of potentially harmful physical agents;~~
- C. ~~the known acute and chronic effects of exposure at hazardous levels;~~
- D. ~~the known symptoms of the effects;~~
- E. ~~appropriate emergency treatment;~~
- F. ~~the known proper conditions for use of and/or exposure to the physical agent; and~~
- G. ~~the name, phone number, and address, if appropriate, of a manufacturer of the harmful physical agent~~ appropriate hazard warning.

REPEALER. Minnesota Rules, parts 5206.0100, subparts 15 and 18; 5206.0300, subpart 4; and 5206.1000, subpart 3, are repealed.

Department of Labor and Industry

Proposed Permanent Rules Relating to Employment Agencies; Fees

Notice of Intent to Adopt Rules Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Department of Labor and Industry, Labor Standards Division, proposes to adopt the above-captioned amendments to *Minnesota Rules*, parts 5200.0500-5200.0850 without a public hearing. The Department has determined that the proposed adoption of these amendments will be non-controversial in nature and has elected to follow the procedures set forth in *Minnesota Statutes*, section 14.22-14.28 (1986).

Persons or groups interested in these amendments shall have 30 days to submit comments on the proposed amendments. Comments in support of or in opposition to the proposed amendments are encouraged. Each comment should identify the portion of the proposed amendments addressed, the reason for the comment, and any change proposed. The proposed amendments may be modified if the modifications are supported by the data and views submitted to the Department and do not result in a substantial change in the proposed language.

A public hearing will be held if 25 or more persons submit written requests for a public hearing on the proposed amendments within the 30-day comment period. If a public hearing is required, the Department will proceed according to the provisions of

Minnesota Statutes section 14.131-14.20 (1986). Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed amendments addressed, the reason for the request, and any change proposed.

Comments or written requests for a public hearing should be submitted to:

Donald Jackman, Director
Division of Labor Standards
Department of Labor and Industry
433 Lafayette Road
St. Paul, Minnesota 55101
(612) 296-2282

Authority for the adoption of these amendments is contained in *Minnesota Statutes* Section 184.24 subd. 1(1986). A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed amendments, identifies the data and information relied upon to support the proposed amendments, and assesses the impact of the proposed amendments on small business and on local public bodies has been prepared and is available from the Department of Labor and Industry upon request at the above address.

The Department has determined that these rules will have no greater effect on small business than already placed on the fee employment industry by the Legislature and that the rules will not have a significant fiscal impact on local public bodies.

Upon the adoption of the final amendments without a public hearing, all jurisdictional documents, the Statement of Need and Reasonableness, all written amendments and requests for hearing received, and the final amendments as adopted, will be delivered to the Attorney General. The amendments will then be reviewed by the Attorney General as to legality and form as it relates to legality, including the issues of substantial change, the agency's authority to adopt the amendments and the existence of a rational basis for the need for and reasonableness of the proposed amendments. Persons who wish to be notified of the submission of this material to the Attorney General, including modifications to the amendments as originally proposed, or who wish to receive a free copy of the final amendments as adopted, should submit a written request to the Department at the above address.

The text of the proposed amendments follows this notice in the *State Register*. The amendments relate to fee employment agencies operating as job listing services.

One free copy of the proposed amendments may be obtained by contacting Darlene Hueser at the above address or by calling (612) 297-2225.

Dated: 12 December 1988

Ken Peterson, Commissioner
Department of Labor and Industry

Rules as Proposed

5200.0500 DEFINITIONS.

Subpart 1. [Unchanged.]

Subp. 2. **Accept.** "Accept" means that the applicant has agreed with the employer on a specific position, wages, hours, working conditions, and a specific starting date, and has signed an acceptance form in which the agency has designated the terms of the acceptance. ~~Within three weekdays of signing the acceptance form, excluding Saturday, Sunday, and legal holidays,~~ The applicant may withdraw the acceptance ~~by notifying the agency in writing,~~ provided that the applicant did not actually start the job.

Subp. 3. **Fee status.** "Fee status" is the designation on the job order which describes the fee liability ~~for placement.~~ The designated fee status for job listing services shall be limited to concurrent fee arrangement. ~~The designation designated fee status for liability for placement shall be limited to one of the following terms:~~

A. to F [Unchanged.]

Subp. 4. and 5. [Unchanged.]

5200.0600 FEE INFORMATION ON CONTRACTS.

Subpart 1. Job placement. Applicant contracts with employment agencies engaged in the placement of applicants shall contain all of the following statements unless language less restrictive to the applicant is approved by the department:

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

A. to D. [Unchanged.]

Where the applicant undertakes no fee liability of any nature, the contract, as an alternative to items A to D, may read: "I understand that I am not liable for any fee and that compensation to the agency is to be settled between the employer and the agency."

Subp. 2. Job listing. Applicant contracts with job listing services shall contain the following statement: "I understand that a fee shall be due the job listing service at the time contractual arrangements are entered into and no other fee or portion of fee shall be collected by the job listing service for services rendered."

5200.0610 ACCEPTANCE FORM STANDARDS.

The acceptance form, with employment agencies engaged in placement activities, to be signed by the applicant shall contain the following information:

A. to K. [Unchanged.]

5200.0620 FEE DETERMINATION.

The following terms and methods shall be used in determining amount of fee due:

A. to D. [Unchanged.]

E. A fee based on a concurrent fee arrangement shall be uniform for all applicants serviced.

5200.0680 COLLECTION OF FEE FROM APPLICANT.

No fee or portion of a fee except a concurrent fee arrangement shall be collected from an applicant before the ~~agreed-upon starting~~ actual start date.

5200.0700 JOB ORDER FORM.

The following information must be contained on the job order form for each bona fide job order:

A. to S. [Unchanged.]

T. Fee status. One of the following terms shall be used to indicate the fee status for placement:

(1) to (6) [Unchanged.]

U. The term "concurrent fee" shall be used to indicate the fee status for job listing services only.

5200.0800 ANNUAL RECORD OF SERVICE REPORT.

Subpart 1. Job placement. A record of service shall be maintained in a separate ledger in the office of each employment agency for a period of three years and shall contain the information required by *Minnesota Statutes*, section 184.38, subdivision 5. Each agency shall submit annually to the department with its agency license renewal application, a summary of the above record which contains the following information for the preceding year:

A. total applicants placed;

B. total annual salaries of placements; and

C. total amount of fees collected.

The individual summary shall be used solely for compilation of statistical data for the employment industry as a whole.

The summary shall be submitted on a form provided by the department which shall make provision for its protection from usage inconsistent with its purpose.

Subp. 2. Job listing. Job listing service record of service report shall include:

A. total applicants serviced; and

B. total amount of fees collected.

Department of Labor and Industry

Proposed Rules Governing Workers' Compensation Medical Fees

Notice of Intent to Amend a Rule Without a Public Hearing

NOTICE IS HEREBY GIVEN that the Minnesota Department of Labor and Industry, Workers' Compensation Division intends to adopt the above-entitled rule without a public hearing following the procedures set forth in the Administrative Procedure Act for

adopting rules without a public hearing in *Minnesota Statutes*, sections 14.22 to 14.28. The statutory authority to adopt the rule is *Minnesota Statutes* sec. 176.136 (Supp. 1987), and section 176.83 (Supp. 1987).

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to *Minnesota Statutes*, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:

Gloria Gebhard
Acting Director of Rehabilitation
and Medical Affairs, Workers' Compensation Division
443 Lafayette Road
St. Paul, Minnesota 55101
(612) 296-8213

The proposed rule may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed.

The rules proposed for amendment relate to medical charges and reimbursement in workers' compensation cases. The rules add, clarify or modify definitions of terms used in the rules, clarify or modify provider and payer responsibilities, and summarize dispute resolution procedures. The rules also modify, delete or add codes, service descriptions and maximum fees in the medical fee schedule. A free copy of the rules is available from Janice Kramer at the above address and phone number upon request.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Janice Kramer at the above address and phone number upon request.

The Statement of Need and Reasonableness concludes that the impact on small business need not be considered because these rules concern service businesses regulated by government bodies. Nevertheless, the impact on small business is minimal.

The rules do not require an additional expenditure of public monies by local public bodies, but instead limit expenditures.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Janice Kramer at the above address and phone number.

Dated: 14 December 1988

Ken Peterson, Commissioner

Rules as Proposed

5221.0100 DEFINITIONS.

Subpart 1. **Scope.** The following terms have the meanings given in this chapter unless the context clearly indicates a different meaning.

Subp. 2. **Bill or billing.** "Bill" or "billing" means a provider's statement of charges and services rendered for treatment of a work related injury.

Subp. 3. **Charge or fee.** "Charge" or "~~fee~~" means the payment requested by a provider on a bill for a particular service. This chapter does not prohibit a provider from billing usual and customary ~~fees~~ charges which are in excess of the amount listed in the fee schedule.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

Subp. 4. **Code.** "Code," in reference to the maximum fee schedule, means the alphabetic or numeric designation, including code modifiers if appropriate, for a particular type of service, or supply, or other reasonable method of categorizing to categorize provider charges on a bill.

Subp. 5. **Commissioner.** "Commissioner" means the commissioner of the Department of Labor and Industry.

Subp. 6. **Compensable or compensability injury.** "Compensable injury" or "compensability," in reference to a service, means an employer injury or condition for which a payer is liable for the service pursuant to under Minnesota Statutes, chapter 176.

Subp. 7. **Excessive charge.** "Excessive charge" in reference to a charge, means a charge for a service rendered to treat a compensable injury, which meets any of the standards conditions of excessiveness described in part 5221.0500.

Subp. 8. **Excessive service.** "Excessive service" means any service rendered to treat a compensable injury that meets any of the conditions of excessiveness described in part 5221.0550.

Subp. 9. **Injury.** "Injury" is as defined in Minnesota Statutes, section 176.011, subdivision 16 as a "personal injury."

Subp. 9-10. **Maximum Medical fee schedule.** "Maximum Medical fee schedule" means the list of codes, service descriptions, and corresponding 75th percentile dollar amounts established pursuant to part 5221.0900 allowed under Minnesota Statutes, section 176.136, subdivisions 1 and 5, and parts 5221.1000 to 5221.3500.

Subp. 10-11. **Payer.** "Payer" refers to all entities any entity responsible for payment and administration of workers' compensation medical claims, including all insurer, self-insurer, and group self-insurer members of the workers' compensation reinsurance association, pursuant to Minnesota Statutes, section 79.34, subdivision 1, service companies licensed to provide claim administration services to self-insurers and group self-insurers pursuant to Minnesota Statutes, section 60A.23, subdivision 8, the reopened case fund, established by Minnesota Statutes, section 176.134, the special compensation fund established by Minnesota Statutes, section 176.129, and the assigned risk plan, established by under Minnesota Statutes, sections 79.251 and 79.252 chapter 176.

Subp. 11-12. **Provider.** "Provider" is as defined in Minnesota Statutes, section 176.011, subdivision 24.

Subp. 12-13. **Reasonable charge.** "Reasonable charge" in reference to a charge, means a charge or portion of a charge which for treatment of a compensable injury that is not excessive under part 5221.0500.

Subp. 14. **Reasonable service.** "Reasonable service" means a service for treatment of a compensable injury that is not excessive under part 5221.0550.

Subp. 13-15. **Service or treatment.** "Service" or "treatment" means any procedure, operation, consultation, supply, product, or other thing performed or provided for the purpose of curing and or relieving an injured worker from the effects of an a compensable injury or occupational disease, pursuant to under Minnesota Statutes, section 176.135, subdivision 1.

Subp. 16. **Appropriate record.** "Appropriate record" means the following:

A. for outpatient treatment provided by a physician, osteopath, optometrist, podiatrist, and dentist, legible information that substantiates the nature and necessity of a service or charge in the form of an office note, progress note, chart note, or any other routinely generated medical record;

B. for inpatient hospital treatment, the discharge summary created by the treating physician;

C. for outpatient treatment provided by a chiropractor, legible information that substantiates the nature and necessity of a service or charge in the form of an initial evaluation, interim evaluation, or discharge/final evaluation; and

D. for outpatient treatment provided by other health care providers not specified in items A to C, legible information that substantiates the nature and necessity of a service or charge in the form of an initial report, an interim report, or a discharge/summary report.

5221.0200 AUTHORITY.

This chapter is promulgated adopted under the authority of Minnesota Statutes, sections 176.136 and 176.83, subdivision 4.

5221.0300 PURPOSE.

This chapter is intended to prohibit health care providers treating employees with work related compensable injuries from receiving excessive reimbursement for their services. This chapter defines when medical charges for health and services are excessive.

5221.0400 SCOPE.

The following are subject to this chapter: all entities responsible for payment and administration of medical claims compensable under Minnesota Statutes, chapter 176; and providers of medical services or supplies for work related compensable injuries or diseases pursuant to under Minnesota Statutes, section 176.135, subdivision 1.

5221.0500 EXCESSIVENESS EXCESSIVE CHARGES.

A charge is excessive if any of the following conditions apply to the charge, or to the service for which the charge was submitted:

A. the charge exceeds the ~~maximum reasonable~~ amount for the type of service as ~~specified~~ allowed in the ~~maximum medical~~ fee schedule of this chapter; or

B. if not specified in the medical fee schedule, the charge exceeds the ~~employer's limits of liability that which prevails in the same geographic community for similar services or treatment~~ as specified in *Minnesota Statutes*, section 176.135, subdivision 3; or

C. the charge wholly or partially duplicates another charge for the same service, such that the charge has been paid or will be paid in response to another billing; or

D. the charge exceeds the provider's current charge for the same type of service in cases unrelated to workers' compensation injuries; or

E. the charge ~~or service~~ does not comply with standards and requirements adopted pursuant to *Minnesota Statutes*, section ~~176.103~~ or 176.83, concerning the ~~appropriateness, quality, coordination, and cost of treatment~~; or

F. the service was performed by a provider prohibited from receiving reimbursement under *Minnesota Statutes*, chapter 176, pursuant to *Minnesota Statutes*, section 176.83;

G. the service does not comply with the requirements of *Minnesota Statutes*, section 176.135, subdivision 1a, concerning nonemergency surgery and a second surgical opinion;

H. the service does not comply with the requirements of rules adopted pursuant to *Minnesota Statutes*, section 176.135, subdivision 2, regulating change of physicians, podiatrists, or chiropractors; or

I. the service is not usual, customary, and reasonably required for the cure and relief of the effects of injury the charge is described by a billing code that does not accurately reflect the actual service provided.

5221.0550 EXCESSIVE SERVICES.

A service is excessive to the degree that any of the following standards apply to the service:

A. the service does not comply with the standards and requirements adopted under *Minnesota Statutes*, section 176.83, concerning the reasonableness and necessity, quality, coordination, and frequency of services; or

B. the service was performed by a provider prohibited from receiving reimbursement under *Minnesota Statutes*, chapter 176, pursuant to *Minnesota Statutes*, section 176.83; or

C. the service is not usual, customary, and reasonably required for the cure or relief of the effects of a compensable injury.

5221.0600 PAYER RESPONSIBILITIES.

Subpart 1. **Compensability.** This chapter does not require a payer to pay a charge ~~which for a service that is not for the treatment of a compensable injury~~ or a charge ~~which that~~ is the primary obligation of another payer.

Subp. 2. **Payment of charges Determination of excessiveness.** ~~Before paying a charge, the payer shall determine whether it is excessive. If a charge is determined to be excessive, the payer shall not pay the part that is excessive. As soon as reasonably possible, and no later than 21 calendar days after receiving the bill and necessary medical data, the payer shall pay the charge or deny all or part of the charge on the basis of excessiveness or noncompensability, with written notification to the provider of the determination, the reason for the determination, and the options of appeal. Failure to comply with the requirements of this paragraph subjects the payer to the penalties provided in *Minnesota Statutes*, sections 176.221 and 176.225. Subject to a determination of the commissioner or compensation judge, the payer shall determine whether a charge or service is excessive by evaluating the charge and service according to the conditions of excessiveness specified in parts 5221.0500 and 5221.0550.~~

Subp. 3. **Determination of excessiveness charges.** Subject to the provider's right to appeal under part 5221.0800, the payer shall ascertain whether a charge is excessive by evaluating the charge and service according to the standards of excessiveness specified in part 5221.0500. The payer shall also comply with the following procedures:

A. The payer shall ascertain whether or not a service is subject to the maximum fee schedule, pursuant to the maximum fee schedule instructions contained in part 5221.1000. As soon as reasonably possible, and no later than 30 calendar days after receiving the bill, the payer shall:

(1) pay the charge or any portion of the charge that is not denied; and/or

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

(2) deny all or a portion of a charge on the basis that the injury is noncompensable, or the service or charge is excessive; and/or

(3) request an appropriate record or specific additional information to determine whether the charge or service is excessive or whether the condition is compensable. No later than 30 calendar days following receipt of an appropriate record and additional information, the payer shall make a determination as set forth in this item.

B. In determining whether the code or description submitted for a particular service is correct, the code to which a service should be assigned if no code or an incorrect code was submitted, or whether a charge is excessive because the service is not usual, customary, and reasonably required for the cure and relief of the effects of injury; the payer shall consider the professional judgment and standards of the relevant healing art, as necessary to make a sound determination. Professional judgment and standards may include but are not limited to any of the following, provided that final determinations shall remain the responsibility of the payer:

(1) the opinion of persons with expertise concerning the service, including the provider whose charge is being evaluated;

(2) the findings of peer review panels, professional associations, and other expert evaluators of a healing art; and

(3) widely accepted publications concerning the procedures and standards of a healing art. These may include, but are not limited to, publications concerning the reasonable length of hospital stays for certain procedures, publications which compare the merits and necessity of inpatient and outpatient treatment for certain procedures, coding and fee schedules, and other medical reference materials.

C. If a service is not included in the maximum medical fee schedule under parts 5221.1100 to 5221.3600, and the charge and service are not otherwise excessive under parts 5221.0500 and 5221.0550, the payer shall pay the reasonable value of that service as defined in Minnesota Statutes, section 176.135, subdivision 3, if not otherwise excessive evaluate the charge against the usual and customary charges prevailing in the same geographic community for similar services, in accordance with Minnesota Statutes, section 176.135, subdivision 3. If the charge submitted is less than or equal to the prevailing and customary charges, the payer shall pay the charge in full. If the charge exceeds the prevailing usual and customary charges, the payer shall pay an amount equal to the usual and customary charges for similar services.

Subp. 4. Notification. Within 30 calendar days of receipt of the bill, the payer shall provide written notification to the employee and provider of denial of part or all of a charge, or of any request for additional information. Written notification shall include:

A. the basis for denial of all or part of a charge that the payer has determined is not for a compensable injury under part 5221.0100, subpart 6;

B. the basis for denial or reduction of each charge and the specific amounts being denied or reduced for each charge meeting the conditions of an excessive charge under part 5221.0500;

C. the basis for denial of each charge meeting the conditions of an excessive service under part 5221.0500; and/or

D. a request for an appropriate record and/or the specific information requested to allow for proper determination of the bill under this part.

Subp. 5. Penalties. Failure to comply with the requirements of this part may subject the payer to the penalties provided in Minnesota Statutes, sections 176.221, 176.225, and 176.194.

Subp. 4- 6. Collection of excessive payment. Any payment made to a provider which is determined to be wholly or partially excessive, according to the standards conditions prevailing at the time of payment, may be collected from the provider by the payer in the amount that the reimbursement was excessive. The payer must demand reimbursement of the excessive payment from the provider within one year of the payment.

5221.0700 PROVIDER RESPONSIBILITIES.

Subpart 1. Usual charges. No provider shall submit a charge for a service which exceeds the amount which the provider charges for the same type of service in cases unrelated to workers' compensation injuries.

Subp. 2. Submission of information. Providers shall include on bills the patient's name, date of injury, and the employer's name, service descriptions and codes which accurately describe all the services provided and all the injuries or conditions treated, the date upon which each service was provided, and the providers' social security tax identification number. Where applicable, codes from the maximum fee schedules in this chapter shall be used. This subpart shall not prohibit the use of other coding schedules where codes in the maximum fee schedule do not apply. Providers must also supply a copy of an appropriate record that adequately documents the service and substantiates the nature and necessity of the service or charge.

Subp. 3. Billing code. The provider shall undertake professional judgment to assign the correct approved billing code for the service rendered using the appropriate provider group designation.

A. Approved billing codes. Billing codes must be found in the most recent edition of the following: Physician's Current Procedural Terminology; Blue Cross/Blue Shield specialty procedure codes; HCFA (Health Care Financing Administration) Common Procedure Coding System (HCPCS); Code on Dental Procedures and Nomenclature maintained by the Council on Dental Care Programs; and for audiology and speech therapy, the "home-grown" codes specified by the Department of Human Services or any other code listed in the medical fee schedule.

B. Format of the terminology. CPT procedure terminologies have been developed as stand-alone descriptions of medical procedures. However, some of the procedures in CPT are not printed in their entirety but refer back to a common portion of the procedure listed in a preceding entry. This is evident when an entry is followed by one or more indentions. Any terminology after the semicolon shall have a subordinate status as do the subsequent indented entries.

Code	Service	Maximum Fee
25100	Arthrotomy, wrist joint; for biopsy	
25105	for synovectomy	

The common part of code 25100 (that part before the semicolon) shall be considered part of code 25105. Therefore the full procedure represented by code 25105 should read:

Code	Service	Maximum Fee
25105	Arthrotomy, wrist joint; for synovectomy	

Subp. 3- 4. Cooperation with payer. Pursuant to Minnesota Statutes, section 176.138, providers shall comply promptly within seven working days with payers' reasonable proper written requests for copies of existing medical data concerning the services provided, the patient's condition, the plan of treatment, and other issues pertaining to the payer's determination of a service's compensability or a charge's reasonableness excessiveness. A provider may not require prepayment for costs of copies of existing medical records.

Subp. 4- 5. Collection of excessive charges. No provider shall collect or attempt to collect payment from any party in excess of the amount determined to be reasonable by the payer or on appeal. If the determination of the payer is not finally upheld, the provider may collect charges found to be reasonable, but only from the payer, not from the injured employee, any other insurer, or government an injured employee or any other insurer or any other government for an excessive charge. A charge must be removed by the provider from subsequent billing statements if the payer has determined the charge is excessive and a claim for the excessive charge is not filed with the commissioner by the provider or employee, or it is determined by the commissioner, compensation judge, or on appeal to be excessive.

5221.0800 APPEALS PROCEDURE DISPUTE RESOLUTION.

Pursuant to Minnesota Statutes, sections 176.103 176.106 and 176.271 and related statutes and rules, providers the employee, employer, or insurer may request that the commissioner determine a determination of whether a charge or service is excessive. This determination may be appealed first to the medical services review board, and then to the workers' compensation court of appeals. Such requests shall be made to the commissioner in writing on a form prescribed for that purpose. Under Minnesota Statutes, section 176.136, subdivision 2, a provider may request a determination of whether a charge is excessive under part 5221.0500. An employee, employer, insurer, health care provider, or intervenor who disagrees with a determination under Minnesota Statutes, section 176.106 or 176.305 may request a formal hearing before a compensation judge at the Office of Administrative Hearings. The request shall be made on a form prescribed by the commissioner.

5221.1000 MAXIMUM INSTRUCTIONS FOR APPLICATION OF THE MEDICAL FEE SCHEDULE FOR REIMBURSEMENT OF WORKERS' COMPENSATION MEDICAL SERVICES.

Subpart 1. Contents. This chapter contains the medical fee schedule. The medical fee schedule shall contain codes and descriptions of services compensable under Minnesota Statutes, section 176.135, and dollar amounts equal to the 75th percentile of the usual and customary charges for those services by provider groups in Minnesota during the preceding calendar year.

Subp. 2. Revisions. The commissioner shall revise the medical fee schedule at least annually to substitute charge data from the preceding calendar year. Until revisions are adopted, the current medical fee schedule remains in force. The commissioner may revise the medical fee schedule at any time to:

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. Strike outs indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. Strike outs indicate deletions from proposed rule language.

Proposed Rules

A. improve the schedule's accuracy, fairness, or equity;

B. simplify the administration of the schedule;

C. encourage providers to develop and deliver services; or

D. to accommodate improvements or correct data base deficiencies. The Medical Services Review Board shall advise the commissioner regarding these revisions.

Subpart 4- Subp. 3. ~~Maximum Medical~~ fee schedule instructions. The instructions in this part and this chapter govern the use and application of fees in this chapter.

Subp. 2- 4. ~~Applicability of the fee schedule.~~ The payer shall undertake reasonable investigations to ascertain whether a service and its corresponding charge is subject to the ~~maximum medical~~ fee schedule. A service charge is subject to the ~~maximum medical~~ fee schedule if it conforms to a description contained in the maximum fee schedule in the section code under part 5221.0700, subpart 3, item A, and is included in the medical fee schedule for the appropriate kind of medical provider group. The standards of excessiveness contained in part 5221.0500 apply whether or not a service is subject to the maximum fee schedule. If a service is not included in the medical fee schedule under parts 5221.1100 to 5221.3600, and the charge and service are not otherwise excessive under parts 5221.0500 and 5221.0550, the payer shall evaluate the charge against the usual and customary charges prevailing in the same geographic community for similar services in accordance with Minnesota Statutes, section 176.135, subdivision 3. If the charge submitted is less than or equal to the prevailing and customary charges, the payer shall pay the charge in full. If the charge exceeds the prevailing usual and customary charges, the payer shall pay an amount equal to the usual and customary charges for similar services.

Subp. 3- 5. ~~Coding.~~ For services which are or which may be subject to the maximum fee schedule, The payer shall undertake reasonable investigations to ascertain determine whether or not the code assigned to listed for a service by the provider is correct under part 5221.0700, subpart 3, item A, and subject to the medical fee schedule. If no an incorrect code for a service has been assigned listed, the payer shall may determine the appropriate correct code for the service, and shall may evaluate the service on the basis of that code the proposed change. A broad, inclusive service description Neither the provider nor the payer may be divided divide a broad inclusive service into its component services, charges, and codes, if the broad inclusive service is not subject to the maximum medical fee schedule but some of the component services are. If the broad inclusive service is not subject to the medical fee schedule, it may be divided into its component services if any of those components are subject to the medical fee schedule.

Subp. 4- 6. ~~Ambiguity.~~ If, despite the payer's reasonable investigations, the payer is uncertain whether a particular service and its corresponding charge is subject to the maximum medical fee schedule or what the correct code for a particular service is, the payer shall decide the issue in favor of the provider or refer the issue to the commissioner for determination. If the commissioner determines that a service is not subject to the maximum fee schedule, the commissioner shall order the payment of the reasonable value of that service pursuant to Minnesota Statutes, section 176.135, subdivision 3 contact the provider and attempt to resolve the ambiguity. The provider shall cooperate in resolving this ambiguity. If the parties are unable to come to an agreement, either party may file a request for a determination with the commissioner under part 5221.0800.

Subp. 5- 7. ~~Code modifiers.~~ The codes for services in parts 5221.1100 to 5221.2400 may be submitted with two-digit suffixes, called "modifiers." Modifiers indicate that a service differs in some material respect from the service's basic description. Services submitted with modifiers, or which should be submitted with modifiers, shall be evaluated according to the standards in items A to R T.

A. Modifier number 20 denotes microsurgery. This modifier is appropriate to surgical services performed using the techniques of microsurgery, including the aid requiring the use of an operating microscope. This modifier is shall not warranted apply for surgery done with the aid of a magnifying surgical loupe or magnifying binoculars worn by the surgeon whether attached to the eyeglasses or a headband. Services with this modifier are not subject to the ~~maximum medical~~ fee schedule.

B. Modifier number 22 denotes unusual services. This modifier is appropriate where the service provided is significantly greater than what is usually required for the listed procedure, or where service was provided under highly unusual circumstances. Unusual circumstances include major complications or difficulties associated with the patient's condition, the medical facilities, or other causes. Unusual circumstances do not include common differences among services of a kind or magnitude which is typical within a particular code category. This modifier does not exempt a service from the maximum fee for the five-digit code, except where the increased services or unusual circumstances may be reasonably expected to significantly increase the provider's cost.

C. Modifier number 23 denotes unusual anesthesia. This modifier is appropriate to services which usually require no anesthesia or local anesthesia only, where unusual circumstances require that surgery be done under general anesthesia. Services with this modifier are not subject to the ~~maximum medical~~ fee schedule.

D. Modifier number 26 denotes professional component. This modifier is appropriate to services which are a combination of a physician and a when the professional services are reported separately and do not include the technical component, (for example, laboratory, radiology, electrocardiogram, specific diagnostic and therapeutic services), where the physician component only is provided.

This modifier does not exempt a service from the maximum fee for the five-digit code. If a separate maximum fee is provided for a five-digit code with the number 26 modifier, the separate maximum fee applies.

E. Modifier number 47 denotes anesthesia by surgeon. This modifier is appropriate to services where regional or general, not local, anesthesia is provided by the surgeon. Services with this modifier are not subject to the maximum fee schedule.

F. Modifier number 50 denotes ~~multiple or bilateral~~ procedures. This modifier is appropriate to secondary services when multiple or bilateral procedures are provided at the same operative session. The first major procedure shall be reported as listed. This modifier does not exempt the secondary services from the maximum fee for the five-digit code. Unless otherwise identified in the listings, bilateral procedures requiring a separate incision that are performed at the same operative session shall be identified by the appropriate five-digit code describing the first procedure. The second bilateral procedure shall be identified by adding modifier 50 to the procedure number.

G. Modifier number 51 denotes multiple procedures. When multiple procedures are performed at the same operative session, the major procedure shall be reported as listed without modifiers. The secondary, additional, or lesser procedures shall be identified by adding the modifier 51 to the secondary procedure numbers.

H. Modifier number 52 denotes reduced services. This modifier is appropriate where the service provided is significantly less than is usually required for the listed procedure. This modifier does not exempt the service from the maximum fee for the five-digit code.

~~H. I.~~ I. Modifier number 54 denotes surgical care only. This modifier is appropriate to services where the physician performs a surgical procedure, but does not provide preoperative or postoperative management. This modifier does not exempt the service from the maximum fee for the five-digit code.

~~I. J.~~ J. Modifier number 55 denotes postoperative management only. This modifier is appropriate to services where the physician provides postoperative management, but does not perform the surgical procedure. This modifier does not exempt the service from the maximum fee for the five-digit code.

~~J. K.~~ K. Modifier number 56 denotes preoperative management only. This modifier is appropriate to services where the physician provides preoperative management, but does not perform the surgical procedure. This modifier does not exempt the service from the maximum fee for the five-digit code.

~~K. L.~~ L. Modifier number 66 denotes surgical team. This modifier is appropriate to highly complex services carried out under the surgical team concept. These services require the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment. Services with this modifier are not subject to the ~~maximum medical~~ fee schedule.

~~L. M.~~ M. Modifier number 75 denotes concurrent care. This modifier is appropriate to services where the patient's condition requires the additional services of more than one physician. This modifier does not exempt the service from the maximum fee for the five-digit code.

~~M. N.~~ N. Modifier number 76 denotes repeat procedure by same physician. This modifier is appropriate to a service repeated subsequent to the original service by the same physician. This modifier does not exempt the service from the maximum fee for the five-digit code.

~~N. O.~~ O. Modifier number 77 denotes repeat procedure by another physician. This modifier is appropriate to a service repeated subsequent to the original service by another physician. This modifier does not exempt the service from the maximum fee for the five-digit code.

~~O. P.~~ P. Modifier number 80 denotes assistant surgeon. This modifier is appropriate to services where a physician provides significant assistance to another physician performing a surgical procedure. This modifier does not exempt the service from the maximum fee for the five-digit code.

~~P. Q.~~ Q. Modifier number 81 denotes minimum assistant surgeon. This modifier is appropriate to services where a physician provides minimal assistance to another physician performing a surgical procedure. This modifier does not exempt the service from the maximum fee for the five-digit code.

~~Q. R.~~ R. Modifier number 90 denotes reference or outside laboratory. This modifier is appropriate to laboratory services performed by a party other than the treating physician. This modifier does not exempt the service from the maximum fee for the five-digit code.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

R. S. Modifier number 99 denotes multiple modifiers. This modifier is appropriate to services where two or more modifiers may be necessary to completely describe the service. This modifier does not exempt the service from the maximum fee for the five-digit code, unless one or more of the component modifiers is exempt from the ~~maximum~~ medical fee schedule.

T. Modifier TC denotes technical component. This modifier applies to codes for services when the technical component is reported separately and does not include the professional component.

5221.1100 PHYSICIAN SERVICES; MEDICINE.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to a provider licensed as a doctor of medicine or a doctor of osteopathy. This includes services performed by or under the direct supervision of the physician.

Subp. 2. **Definitions.** The terms defined in this subpart have the meanings given them when used in subparts 3, 4, and 5 unless the context clearly indicates a different meaning.

A. New patient. "New patient" means a patient ~~who is new to the physician~~ and whose medical and administrative records for a work injury or condition need to be established, or a known patient with a new industrial injury or condition.

B. Established patient. "Established patient" means a patient whose medical and administrative records for the work injury or condition are available to the physician.

C. Level of service. "Level of service" refers to the quantity or quality of skill, effort, time, responsibility, or medical knowledge required for the diagnosis and treatment of injuries, and is appropriate to examinations, evaluations, treatment, conferences with or concerning patients, and similar services; and includes preparation of an appropriate record that documents the elements of the level of service. The levels of service are, in increasing order of complexity, minimal, brief, limited, intermediate, extended, and comprehensive. The minimal level of service does not apply to new patient office services or hospital services. ~~The comprehensive level of service does not apply to emergency department services.~~

D. to L. [Unchanged.]

M. Referral. "Referral" means a transfer of the total care or specific care of a patient from one physician to another and does not constitute a consultation.

N. Hospital discharge day management. "Hospital discharge day management" includes final examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge record.

Subp. 3. **Office services.** The following codes, service descriptions, and maximum fees apply to services provided at the physician's office, or if provided in an outpatient hospital clinic setting, for nonemergency services.

Code	Service	Maximum Fee
90000-00	<u>Office services; new patient -</u> <u>brief service (MD/DO)</u>	\$ 30.00 <u>33.00</u>
90010-00	<u>New patient - limited service (MD/DO)</u>	36.00 <u>40.00</u>
90015-00	<u>New patient - intermediate service</u> <u>(MD/DO)</u>	46.00 <u>49.00</u>
90017-00	<u>New patient - extended service (MD/DO)</u>	70.00 <u>65.00</u>
90020-00	<u>comprehensive service (MD/DO)</u>	<u>130.00</u>
90030-00	<u>Office services; established patient -</u> <u>minimal service (MD/DO)</u>	46.00 <u>16.50</u>
90040-00	<u>Established patient -</u> <u>brief service (MD/DO)</u>	22.00 <u>23.50</u>
90050-00	<u>Established patient -</u> <u>limited service (MD/DO)</u>	25.00 <u>26.00</u>
90060-00	<u>Established patient -</u> <u>intermediate service (MD/DO)</u>	34.00 <u>35.70</u>
90070-00	<u>Established patient -</u> <u>extended service (MD/DO)</u>	55.00
90080-00	<u>Established patient -</u> <u>comprehensive service (MD/DO)</u>	82.25 <u>88.30</u>

Proposed Rules

Subp. 3a. Home services. The following codes, service descriptions, and maximum fees apply to physician services provided in a home setting if provided in a private residence as a "house call." They do not apply to physician services provided at a nursing home, boarding home, domiciliary (temporary lodging), or custodial care involving periodic services provided to a patient who is institutionalized on a long-term basis.

Code	Service	Maximum Fee
<u>90100-00</u>	<u>Home medical service, new patient;</u> <u>brief service</u>	<u>44.00</u>
<u>90110-00</u>	<u>limited service</u>	<u>48.00</u>
<u>90115-00</u>	<u>intermediate service</u>	<u>50.00</u>
<u>90130-00</u>	<u>Home medical service, established patient;</u> <u>minimal service</u>	<u>30.30</u>
<u>90140-00</u>	<u>brief service</u>	<u>42.90</u>
<u>90150-00</u>	<u>limited service</u>	<u>45.00</u>
<u>90160-00</u>	<u>intermediate service</u>	<u>50.00</u>
<u>90170-00</u>	<u>extended service</u>	<u>57.80</u>

Subp. 4. Hospital services. The following codes, service descriptions, and maximum fees apply to services provided at a hospital. Initial hospital care is categorized under codes 90200 to 90220. Subsequent hospital care is categorized under codes 90240 to 90270.

Code	Service	Maximum Fee
<u>90200-00</u>	Brief Initial hospital care; <u>brief</u> <u>(MD/DO)</u>	\$ 62.50 <u>66.00</u>
<u>90215-00</u>	Intermediate initial hospital care <u>(MD/DO)</u>	85.00 <u>87.50</u>
<u>90220-00</u>	Comprehensive initial hospital care <u>(MD/DO)</u>	123.00 <u>127.00</u>
<u>90240-00</u>	Subsequent hospital care - brief service <u>(MD/DO)</u>	26.50 <u>28.00</u>
<u>90250-00</u>	Subsequent hospital care - limited service <u>(MD/DO)</u>	37.00 <u>35.50</u>
<u>90260-00</u>	Intermediate services <u>(MD/DO)</u>	<u>50.00</u>
<u>90270-00</u>	Subsequent hospital care - extended service <u>(MD/DO)</u>	75.00 <u>69.00</u>
<u>90280-00</u>	Subsequent hospital care - comprehensive service <u>(MD/DO)</u>	75.00 <u>82.00</u>

Hospital Discharge Services

<u>90292-00</u>	Hospital discharge day management <u>(MD/DO)</u>	\$ 52.00 <u>50.00</u>
-----------------	---	----------------------------------

Subp. 5. Skilled nursing, intermediate care, and long-term care facilities. The following codes, service descriptions, and maximum fees apply to physician services provided in a convalescent, rehabilitative, or long-term care facility and involves active, definitive professional care of a patient.

Code	Service	Maximum Fee
<u>90300-00</u>	<u>Initial care, skilled nursing,</u> <u>intermediate care, or long-term care</u> <u>facility; brief history and physical</u>	

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

	<u>examination, initiation of diagnostic and treatment programs, and preparation of medical records</u>	<u>\$ 45.00</u>
<u>90315-00</u>	<u>intermediate history and physical examination, initiation of diagnostic and treatment programs, and preparation of medical records</u>	<u>70.00</u>
<u>90320-00</u>	<u>comprehensive history and physical examination, initiation of diagnostic and treatment programs, and preparation of medical records</u>	<u>96.00</u>
<u>90340-00</u>	<u>Subsequent care, skilled nursing, intermediate care, or long-term care facility; brief service</u>	<u>25.00</u>
<u>90350-00</u>	<u>limited service</u>	<u>27.25</u>
<u>90360-00</u>	<u>intermediate service</u>	<u>40.00</u>
<u>90370-00</u>	<u>extended service</u>	<u>50.00</u>

Subp. 6. Nursing home, boarding home, domiciliary, or custodial care medical services. The following codes, service descriptions, and maximum fees apply to physician services provided in a domiciliary or custodial care facility involving periodic services, provided to a patient who is institutionalized on a long-term basis.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>90410-00</u>	<u>Nursing home, boarding home, domiciliary, or custodial care medical service, new patient; limited service</u>	<u>\$ 50.00</u>
<u>90415-00</u>	<u>intermediate service</u>	<u>81.50</u>
<u>90420-00</u>	<u>comprehensive service</u>	<u>75.00</u>
<u>90430-00</u>	<u>Nursing home, boarding home, domiciliary, or custodial care medical service, established patient; minimal service</u>	<u>20.75</u>
<u>90440-00</u>	<u>brief service</u>	<u>25.00</u>
<u>90450-00</u>	<u>limited service</u>	<u>33.00</u>
<u>90460-00</u>	<u>intermediate service</u>	<u>44.00</u>
<u>90470-00</u>	<u>extended service</u>	<u>55.00</u>

Subp. 5- 7. Emergency department services. The following codes, service descriptions, and maximum fees apply to services provided in an emergency room, or when the physician is assigned to the emergency department. They do not apply when physicians elect to use the emergency room as a substitute for their office and an actual emergency situation does not exist.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>90500-00</u>	<u>Emergency department service</u>	
	<u>New patient - minimal service (MD/DO)</u>	<u>\$ 26.00 31.50</u>
<u>90505-00</u>	<u>New patient - brief service (MD/DO)</u>	<u>35.00 37.50</u>
<u>90510-00</u>	<u>New patient - limited service (MD/DO)</u>	<u>44.00 47.00</u>
<u>90515-00</u>	<u>New patient - intermediate service (MD/DO)</u>	<u>60.00 65.00</u>
<u>90517-00</u>	<u>New patient - extended service (MD/DO)</u>	<u>82.00 95.00</u>
<u>90520-00</u>	<u>comprehensive service (MD/DO)</u>	<u>120.00</u>
<u>90530-00</u>	<u>Emergency department service, established patient; minimal service (MD/DO)</u>	<u>23.49</u>

Proposed Rules

90540-00	Established patient - brief service (MD/DO)	35.00 <u>37.00</u>
90550-00	Established patient - limited service (MD/DO)	39.00 <u>42.00</u>
90560-00	Established patient - intermediate service (MD/DO)	46.00 <u>49.00</u>
90570-00	Established patient - extended service (MD/DO)	52.50 <u>65.00</u>
90580-00	<u>comprehensive service</u>	<u>86.00</u>

In physician directed emergency care advanced life support, the physician is located in a hospital emergency or critical care department and is in two-way voice communication with ambulance or rescue personnel outside the hospital. The physician directs the performance of necessary medical procedures, including but not limited to: telemetry of cardiac rhythm; cardiac and/or pulmonary resuscitation; endotracheal or esophageal obturator airway intubation; administration of intravenous fluids and/or administration of intramuscular, intratracheal, or subcutaneous drugs; and/or electrical conversion of arrhythmia.

Code	Service	Maximum Fee
90590-00	<u>Physician direction of Emergency Medical Systems (EMS), emergency care advanced life support</u>	<u>\$112.00</u>

5221.1200 CONSULTATIONS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Subp. 2. **Definitions.** For the purposes of this part the following terms have the meanings given them unless the context clearly indicates a different meaning.

A. Consultation. "Consultation" includes services rendered by a physician whose opinion or advice is requested by a physician or other appropriate source for the further evaluation or management of the patient and the preparation of an appropriate record. When as a result of the consultation the consulting physician assumes responsibility for the continuing care of the patient, any subsequent service rendered by the physician ~~will cease to cannot be billed as~~ a consultation. ~~A referral does not constitute a consultation if the effect of the referral is to transfer the total or specific care of the patient from one physician to another.~~

~~B-~~ (1) Limited consultation. (90600) "Limited consultation" means a consultation where the physician confines the service to the examination or evaluation of a single organ system. This procedure includes documentation of the complaint, present illness, pertinent examination, review of medical data, and establishment of a plan of management relating to the specific problem, and the preparation of an appropriate record including, but not limited to, services similar in level to a dermatological opinion about an uncomplicated skin lesion.

~~C-~~ (2) Intermediate consultation. (90605) "Intermediate consultation" means a consultation where the physician examines or evaluates an organ system, partially reviews the general history, and prepares recommendations and a report an appropriate record, including, but not limited to, services similar in level to the evaluation of the abdomen for possible surgery that does not proceed to surgery.

~~D-~~ (3) Extensive consultation. (90610) "Extensive consultation" means a consultation where the physician evaluates problems that do not require a comprehensive evaluation of the patient as a whole, but includes the documentation of a history of the chief complaint, past medical history and pertinent physical examination, review and evaluation of the past medical data, establishment of a plan of investigative or therapeutic management, and the preparation of an appropriate ~~report~~ record. This includes, but is not limited to, services similar in level to the examination of a cardiac patient who needs assessment before undergoing a major surgical procedure or general anesthesia.

~~E-~~ (4) Comprehensive consultation. (90620) "Comprehensive consultation" means a consultation that involves an in-depth evaluation of a critical problem that requires unusual knowledge, skill, and judgment on the part of the consulting physician, and the preparation of an appropriate ~~report~~ record. This includes, but is not limited to, services similar in level to a consultation for a

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

young person with fever, arthritis, and anemia or a comprehensive psychiatric consultation that may include a detailed present illness history, and past history, a mental status examination, exchange of information with primary physician or nursing personnel or family members or other informants, and preparation of a ~~report~~ record with recommendations.

F. (5) Complex consultation. (90630) "Complex consultation" means an uncommonly performed consultation that involves an in-depth evaluation of a critical problem that requires unusual knowledge, skill, and judgment on the part of the consulting physician, and the preparation of an appropriate ~~report~~ record. This includes, but is not limited to, services similar in level to a consultation for a person with acute myocardial infarction with major complication or a young psychotic adult unresponsive to extensive treatment efforts under consideration for residential care.

B. Follow-up consultation. "Follow-up consultation" means the consultant's reevaluation of a patient on whom the physician has previously rendered an opinion or advice and the preparation of an appropriate record. As an initial consultation, the consultant provides no patient management or treatment.

C. Confirmatory (additional opinion) consultation. "Confirmatory consultation" should be used when the consulting physician is aware of the confirmatory nature of the opinion that is sought, for example, when a patient requests a second or third opinion on the necessity or appropriateness of a previously recommended medical treatment or surgical procedure and the preparation of an appropriate record.

Subp. 3. Fees. The following codes, service descriptions, and maximum fees apply to consultations.

Code	Service	Maximum Fee
90600-00	Initial consultation; limited (MD/DO)	\$ 55.00 58.00
90605-00	Intermediate consultation (MD/DO)	73.00 76.50
90610-00	Extensive consultation (MD/DO)	89.00 93.50
90620-00	Comprehensive consultation (MD/DO)	135.00 139.50
90630-00	Complex consultation (MD/DO)	155.00 160.00

Follow-up Consultation

90640-00	Follow-up consultation; brief visit (MD/DO)	\$ 65.00 39.50
90641-00	limited	53.00 48.50
90642-00	intermediate	82.00
90643-00	complex	100.00

Confirmatory (Additional Opinion) Consultation

90650-00	Confirmatory consultation; limited (MD/DO)	\$ 55.00 63.00
90651-00	intermediate (MD/DO)	75.00
90652-00	extensive (MD/DO)	80.00
90653-00	comprehensive (MD/DO)	120.00
90654-00	complex (MD/DO)	175.00 193.00

Immunization Injections

90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	\$ 15.00
90702	—diphtheria and tetanus toxoids (DT)	10.00
90703	—tetanus toxoid	9.00
90704	—mumps virus vaccine, live	14.50
90705	—measles virus vaccine, live, attenuated	14.50
90706	—rubella virus vaccine, live	14.19
90707	—measles, mumps, and rubella virus vaccine, live	23.50
90712	—polio virus vaccine, live, oral; —any type(s)	12.65

Proposed Rules

90713	— poliomyelitis vaccine	10.00
90718	— tetanus and diphtheria toxoids absorbed, — for adult use (Td)	9.50
90719	— diphtheria toxoid	9.00
90724	— influenza virus vaccine	11.00
90732	— pneumococcal vaccine, polyvalent	16.00
90733	— meningococcal polysaccharide vaccine; — any group(s)	15.00

5221.1210 IMMUNIZATION INJECTIONS.

Immunizations are usually given in conjunction with a medical service. When an immunization is the only service performed, a minimal service may be listed in addition to the injection. Immunization procedures include the supply of materials.

90701-00	<u>Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP) (MD/DO)</u>	\$ 20.00
90702-00	<u>diphtheria and tetanus toxoids (DT) (MD/DO)</u>	11.00
90703-00	<u>tetanus toxoid (MD/DO)</u>	10.50
90704-00	<u>mumps virus vaccine, live (MD/DO)</u>	19.00
90705-00	<u>measles virus vaccine, live, attenuated (MD/DO)</u>	16.50
90706-00	<u>rubella virus vaccine, live (MD/DO)</u>	17.00
90707-00	<u>measles, mumps, and rubella virus vaccine, live (MD/DO)</u>	26.75
90708-00	<u>measles and rubella virus vaccine, live</u>	24.00
90712-00	<u>polio virus vaccine, live, oral; any type(s) (MD/DO)</u>	15.00
90713-00	<u>poliomyelitis vaccine (MD/DO)</u>	15.00
90714-00	<u>typhoid vaccine</u>	11.00
90717-00	<u>yellow fever vaccine</u>	30.50
90718-00	<u>tetanus and diphtheria toxoids absorbed, for adult use (TD) (MD/DO)</u>	10.00
90719-00	<u>diphtheria toxoid (MD/DO)</u>	9.50
90724-00	<u>influenza virus vaccine (MD/DO)</u>	11.25
90725-00	<u>cholera vaccine</u>	13.00
90726-00	<u>rabies vaccine</u>	115.52
90731-00	<u>hepatitis B vaccine</u>	61.25
90732-00	<u>pneumococcal vaccine, polyvalent (MD/DO)</u>	17.00
90733-00	<u>meningococcal polysaccharide vaccine; any group(s) (MD/DO)</u>	16.00
90737-00	<u>hemophilus influenza B measles, pertussis, rabies, Rho(d), tetanus, vaccinia, varicellazoster</u>	16.00

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>90741-00</u>	<u>Immunization, passive; immune serum globulin, human (ISG)</u>	<u>15.00</u>
<u>90742-00</u>	<u>specific hyperimmune serum globulin (for example, hepatitis B, measles, pertussis, rabies, Rho(d), tetanus, vaccinia, varicellazoster)</u>	<u>50.00</u>

5221.1220 THERAPEUTIC INJECTIONS.

<u>90782-00</u>	<u>Therapeutic injection of medication (specify); subcutaneous or intramuscular</u>	<u>10.00</u>
<u>90788-00</u>	<u>Intramuscular injection of antibiotic (specify)</u>	<u>14.25</u>

5221.1300 PSYCHIATRY AND PSYCHIATRIC THERAPY.

The following codes, service descriptions, and maximum fees apply to psychiatric therapeutic procedures, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. For services provided by a licensed psychologist or social worker with a master of social work degree, see parts 5221.3100 and 5221.3150, respectively.

General Clinical Psychiatric Diagnostic or Evaluative Interview Procedures

Code	Service	Maximum Fee
<u>90801-00</u>	<u>Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances, other informants will be seen in lieu of the patient). (MD/DO)</u>	\$ 413.00 <u>112.00</u>
<u>90825-00</u>	<u>Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes</u>	<u>70.00</u>
<u>90841-00</u>	<u>Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation and drug management when indicated, including psychoanalysis, insight-oriented, behavior-modifying, or supportive psychotherapy; time unspecified</u>	<u>111.50</u>
<u>90843-00</u>	<u>Individual medical psychotherapy with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; approximately 20 to 30 minutes (MD/DO)</u>	<u>55.00</u>
<u>90844-00</u>	<u>approximately 45 or 50 minutes (MD/DO)</u>	95.00 <u>85.00</u>
<u>90847-00</u>	<u>Family medical psychotherapy (conjoint psychotherapy) (MD/DO)</u>	90.00 <u>85.00</u>
<u>90849-00</u>	<u>Multiple-family group medical psychotherapy by a physician, with continuing medical diagnostic evaluation and drug management when indicated</u>	<u>57.00</u>

90853-00	Group medical psychotherapy (other than of a multiple-family group) <u>(MD/DO)</u>	45.00 <u>40.00</u>
90862-00	<u>Chemotherapy management, including prescription, use, and review of medication with no more than minimal medical psychotherapy</u>	<u>120.00</u>
90870-00	<u>Electroconvulsive therapy (includes necessary monitoring); single seizure</u>	<u>120.00</u>
Other Psychiatric Therapy		
90880-00	Medical hypnotherapy <u>(MD/DO)</u>	\$ 55.00 <u>75.00</u>
90882-00	<u>Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions</u>	<u>70.00</u>
90887-00	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient <u>(MD/DO)</u>	90.00 <u>78.00</u>

5221.1500 OPHTHALMOLOGICAL SERVICES.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Subp. 2. **Definitions.** The terms defined in this part have the meanings given them for the purposes of this part unless the context clearly indicates a different meaning.

A. New patient and established patient. "New patient" and "established patient" have the meanings given them in part 5221.1100.

B. Level of service. "Level of service" for the purpose of this rule has the meaning given it in part 5221.1100, except for item C regarding intermediate ophthalmological service and item D regarding comprehensive ophthalmological service.

C. Intermediate ophthalmological service. "Intermediate ophthalmological service" means a level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination, and other diagnostic procedures as indicated and may include the use of mydriasis. Intermediate ophthalmological services do not usually include determination of the refractive state but may do so in an established patient who is under continuing active treatment. Intermediate ophthalmological services include, but are not limited to, services similar to the following in level:

(1) review of history, external examination, ophthalmoscopy, biomicroscopy for an acute complicated condition not requiring comprehensive ophthalmological services; or

(2) review of interval history, external examination, ophthalmoscopy, biomicroscopy, and tonometry in established patient with a known cataract not requiring comprehensive ophthalmological services.

D. Comprehensive ophthalmological service. "Comprehensive ophthalmological service" means a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmological examination, gross visual fields, and basic sensorimotor examination. It often includes biomicroscopy, examination with cycloplegia or mydriasis, tonometry, and determination of the refractive state unless known, or unless the condition of the media precludes this or it is otherwise contraindicated, as in presence of trauma or severe inflammation. It always includes initiation of diagnostic and

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

treatment programs as indicated. Comprehensive ophthalmological services include, but are not limited to, service similar to diagnosis and treatment of a patient with symptoms indicating possible disease of the visual system, such as glaucoma, cataract, or retinal disease, or to rule out disease of the visual system, in a new or established patient.

E. Determination of the refractive state. "Determination of the refractive state" means the quantitative procedure that yields the refractive data necessary to determine visual acuity with lenses and to prescribe lenses. It is not a separate medical procedure, or service entity, but is an integral part of the general ophthalmological services, carried out with reference to other diagnostic procedures. The evaluation of the need for and the prescription of lenses is never based on the refractive state alone. Determination of the refractive state is not reported separately. It is usually part of the comprehensive ophthalmological services, but may occasionally be a part of intermediate ophthalmological services to an established patient who, under continuing active treatment with periodic observation, may not require comprehensive reevaluation.

Subp. 3. **Ophthalmological services and fees.** The following codes, service descriptions, and maximum fees apply to ophthalmological services. General ophthalmological services, codes 92002 to 92020, constitute integrated services in which medical diagnostic evaluation cannot be separated from the examining techniques used. The components of the services should not be itemized, except where the service goes beyond what is normally provided. Minimal, brief, and limited levels of service should be submitted under the appropriate code. Routine ophthalmoscopy, codes 92225 to 92235, is part of general and special ophthalmological services wherever indicated, and shall not be reported separately.

General Services

Code	Service	Maximum Fee
92002-00	Intermediate ophthalmological service: medical evaluation with initiation of diagnostic and treatment program - new patient (MD/DO)	\$ 48.50 <u>51.00</u>
92004-00	Comprehensive ophthalmological service: medical evaluation with initiation of diagnostic and treatment program - new patient, one or more visits (MD/DO)	54.00 <u>58.00</u>
92012-00	Ophthalmological services: medical examination and evaluation, with initiation or continuation or diagnostic and treatment program; intermediate, established patient (MD/DO)	38.40 <u>40.00</u>
92014-00	Comprehensive ophthalmological service: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program - established patient, one or more visits (MD/DO)	53.00 <u>55.00</u>
92019-00	limited	<u>26.00</u>
92020-00	Gonioscopy with medical diagnostic evaluation (separate procedure) (MD/DO)	27.00 <u>29.30</u>

Special Services

Code	Service	Maximum Fee
92060-00	Sensorimotor examination with medical diagnostic evaluation (separate procedure)	<u>37.00</u>
92065-00	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	<u>41.00</u>
92070-00	Fitting of contact lens for treatment of disease, including supply of lens	<u>140.00</u>
92081-00	Visual field examination with medical diagnostic evaluation; limited examination	

Proposed Rules

	(for example, <u>tangent screen</u>), <u>Autoplot</u> , <u>arc perimeter</u> , or <u>single stimulus level</u> <u>automated test</u> , such as <u>Octopus 3 or 7</u> <u>equivalent</u>)	31.31
92082-00	<u>intermediate examination</u> (for example, <u>multistimulus level</u> , <u>full field</u> , <u>quantitative perimetry</u> , several <u>isopters on</u> <u>Goldmann perimeter</u> or <u>multilevel, full field</u> <u>automated test</u> , such as <u>Octopus program 33</u> or <u>34 equivalent</u>)	50.00
92083-00	Visual field examination with medical diagnostic evaluation ; extended examination; quantitative perimetry (e.g. manual static and kinetic perimetry or Goldmann or Tubinger perimeter or equivalent, or automated static perimetry, complex, such as octopus program 31 + 41 or 32 + 41) (MD/DO)	\$ 54.00 59.00
92100-00	Serial tonometry with medical diagnostic evaluation as a separate procedure, one or more sessions, same day (MD/DO)	23.50 24.00
92140-00	Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography (MD/DO)	25.00

Ophthalmoscopy

Code	Service	Maximum Fee
92225-00	Ophthalmoscopy, extended as for retinal detachment with medical diagnostic evaluation; initial (MD/DO)	\$ 32.00 37.00
92226-00	subsequent (MD/DO)	30.00
92230-00	<u>Ophthalmoscopy, with medical diagnostic</u> <u>evaluation; with fluorescein angiography</u> <u>(observation only)</u>	34.00
92235-00	Ophthalmoscopy, including medical diagnostic with fluorescein angiography and (includes multiframe photography) and medical interpretation (MD/DO)	143.00 150.00
92250-00	with <u>fundus photography</u>	33.00
92260-00	with <u>ophthalmodynamometry</u>	30.00

Other Specialized Services

Code	Service	Maximum Fee
92275-00	<u>Electroretinography, with medical</u> <u>diagnostic evaluation</u>	\$ 154.00
92285-00	<u>External ocular photography with</u> <u>medical diagnostic evaluation for</u>	

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

	<u>documentation of medical progress</u> <u>(for example, close-up photography,</u> <u>slit lamp photography, goniophotography,</u> <u>stereo-photography</u>	<u>40.00</u>
<u>92286-00</u>	<u>Special anterior segment photography</u> <u>with medical diagnostic evaluation; with</u> <u>specular endothelial microscopy and cell</u> <u>count</u>	<u>150.00</u>

Contact Lenses

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>92311-00</u>	<u>Prescription of optical and physical</u> <u>characteristics of and fitting of contact</u> <u>lens, with medical supervision of</u> <u>adaption; corneal lens for aphakia,</u> <u>1 eye</u>	<u>\$ 80.00</u>
<u>92314-00</u>	<u>Prescription of optical and physical</u> <u>characteristics of contact lens, with</u> <u>medical supervision of adaptation and</u> <u>direction of fitting by independent</u> <u>technician; corneal lens, both eyes,</u> <u>except for aphakia</u>	<u>16.00</u>
<u>92325-00</u>	<u>Modification of contact lens</u> <u>(separate procedure), with medical</u> <u>supervision of adaptation</u>	<u>30.00</u>
<u>92326-00</u>	<u>Replacement of contact lens</u>	<u>65.00</u>

Spectacle Services

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>92340-00</u>	<u>Fitting of spectacles, except for</u> <u>aphakia; monofocal</u>	<u>\$ 35.00</u>
<u>92390-00</u>	<u>Supply of spectacles, except prosthesis</u> <u>for aphakia and low vision aids</u>	<u>147.35</u>
<u>92391-00</u>	<u>Supply of contact lenses, except</u> <u>prosthesis for aphakia</u>	<u>80.00</u>

5221.1600 OTORHINOLARYNGOLOGIC SERVICES.

The codes, service descriptions, and maximum fees in this part apply to otorhinolaryngologic services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Diagnostic or treatment procedures usually included in a comprehensive otorhinolaryngologic evaluation or office visit, which do not include the following, should be reported as an integrated medical service using the appropriate code from the 90000 series. Component services such as otoscopy, rhinoscopy, or tuning fork test should not be itemized separately. All of the following services include medical diagnostic evaluation. Technical procedures, which may or may not be performed by the physician personally, are often part of the service, but do not constitute the service itself.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>92504-00</u>	<u>Binocular microscopy (separate diagnostic</u> <u>procedure (MD/DO)</u>	<u>\$ 10.00</u>
<u>92507-00</u>	<u>Speech, language, or hearing therapy,</u> <u>with continuing medical supervision;</u> <u>individual</u>	<u>42.00</u>
<u>92508-00</u>	<u>Speech, language, or hearing therapy</u> <u>with continuing medical supervision;</u> <u>group (MD/DO)</u>	<u>16.00</u>
<u>92511-00</u>	<u>Nasopharyngoscopy with endoscope</u> <u>(separate procedure)</u>	<u>58.00</u>

Proposed Rules

<u>92512-00</u>	<u>Nasal function studies, for example, rhinomanometry</u>	<u>71.50</u>
<u>92532-00</u>	<u>Positional nystagmus</u>	<u>21.00</u>
<u>92533-00</u>	<u>Caloric vestibular test, each irrigation (binaural), bithermal stimulation constitutes four tests</u>	<u>30.00</u>
<u>92541-00</u>	<u>Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording</u>	<u>41.00</u>
<u>92542-00</u>	<u>Positional nystagmus test, minimum of four positions, with recording</u>	<u>43.00</u>
<u>92543-00</u>	<u>Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording (MD/DO)</u>	<u>55.00</u>
<u>92544-00</u>	<u>Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording (MD/DO)</u>	<u>26.00</u>
<u>92545-00</u>	<u>Oscillating tracking test, with recording (MD/DO)</u>	<u>26.00</u>

5221.1800 **CARDIOGRAPHY** **CARDIOVASCULAR.**

The codes, service descriptions, and maximum fees in this part apply to cardiographic services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>92950-00</u>	<u>Cardiopulmonary resuscitation (e.g., cardiac arrest)</u>	<u>\$ 200.00</u>
<u>92960-00</u>	<u>Cardioversion, elective, electrical conversion of arrhythmia, external (MD/DO)</u>	\$202.50 <u>244.00</u>
<u>92982-00</u>	<u>Percutaneous transluminal coronary angioplasty; single vessel</u>	<u>2,080.00</u>
<u>93000-00</u>	<u>Electrocardiogram (ECG); with interpretation and report, routine ECG with at least 12 leads (MD/DO)</u>	<u>42.50</u>
<u>93005-00</u>	<u>tracing only, without interpretation and/or report (MD/DO)</u>	29.50 <u>37.00</u>
<u>93010-00</u>	<u>interpretation and report only (MD/DO)</u>	48.00 <u>17.50</u>
<u>93012-00</u>	<u>Telephonic or telemetric transmission of electrocardiogram rhythm strip</u>	<u>50.00</u>
<u>93015-00</u>	<u>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, with interpretation and report (MD/DO)</u>	<u>195.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

93017-00	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring; tracing only, without interpretation and report (MD/DO)	94.00 99.00
93018-00	interpretation and report only (MD/DO)	104.00 100.00
93024-00	Ergonovine provocation test	175.00
93040-00	Rhythm ECG, one to three leads; with interpretation (MD/DO)	22.00
93041-00	tracing only without interpretation and report (MD/DO)	12.00
93042-00	Rhythm ECG, tracing with interpretation and report only (MD/DO)	15.00 18.00
93210-00	Phonocardiogram, intracardiac	45.50
93220-00	Vectorcardiogram (VCG), with or without ECG; with interpretation and report (MD/DO)	95.00 105.00
93276	Scanning analysis with report	100.00
93258-00	Electrocardiographic monitoring for up to 12 hours of continuous analog recording, with physician review, interpretation, and report, with or without full disclosure printout; with superimposition scanning	185.70
93262-00	Electrocardiographic monitoring, 12-24 hours of continuous analog recording, with physician review, interpretation, and report, with or without full disclosure printout; with superimposition scanning	200.00
	without superimposition scanning	219.50
93266-00	Electrocardiographic monitoring, 24 hours noncontinuous computerized monitoring and intermittent cardiac event recording (Real-Time Data Analysis)	215.75
93268-00	Patient demand single event ECG recording; pre-symptom memory loop and transmission	34.00
93269-00	post-symptom memory loop and transmission	30.00
93300-2600	Echocardiography, M-mode; complete professional component only	63.00 79.00
93308-00	Echocardiograph, real-time with image documentation (2D); limited (MD/DO)	105.00
93309-00	Echocardiography, M-mode and real-time with image documentation (2D) (MD/DO)	250.00
93320-00	Doppler echocardiography (MD/DO)	105.00
Cardiac Catheterization		
93501-00	Right heart catheterization only	\$ 560.00 685.00
93503-00	Placement of flow directed catheter (e.g., Swan-Ganz), with or without balloon tip, when placed for monitoring purposes,	

Proposed Rules

	collection of blood, and/or angiography (<u>MD/DO</u>)	360.00 <u>351.00</u>
<u>93505-00</u>	<u>Endomyocardial biopsy</u>	<u>330.00</u>
<u>93543</u>	Injection procedure during cardiac catheterization; for pulmonary angiography for selective left ventricular or left atrial angiography	300.00
<u>93544</u>	for aortography	300.00
<u>93547-00</u>	Combined left heart catheterization, selective coronary angiography and selective left ventricular angiography (<u>MD/DO</u>)	750.00 <u>760.00</u>
<u>93549-00</u>	Combined right and left heart catheterization, selective coronary angiography, and selective left ventricular angiography (<u>MD/DO</u>)	994.50 <u>1,166.00</u>
<u>93561-00</u>	<u>Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)</u>	<u>79.00</u>
	<u>Other Vascular Studies</u>	
<u>93731-00</u>	<u>Electronic analysis of dual-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); without reprogramming</u>	<u>\$ 54.00</u>
<u>93732-00</u>	<u>with reprogramming</u>	<u>45.00</u>
<u>93733-00</u>	<u>telephone analysis</u>	<u>40.50</u>
<u>93734-00</u>	<u>Electronic analysis of single-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); without reprogramming</u>	<u>40.00</u>
<u>93735-00</u>	<u>with reprogramming</u>	<u>50.00</u>
<u>93736-00</u>	<u>telephonic analysis</u>	<u>35.50</u>
<u>93784-00</u>	<u>Ambulatory blood pressure monitoring, using a system such as magnetic tape and/or computer disc, for 24 hours; including recording, scanning analysis, interpretation and report</u>	<u>225.00</u>

Noninvasive Peripheral Vascular Diagnostic Studies

Cerebrovascular Arterial Studies

<u>93850-00</u>	<u>Noninvasive studies of cerebral arteries other than carotid (e.g., periobital flow direction with arterial compression, periobital photoplethysmography with arterial compression,</u>
-----------------	---

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

	<u>ocular plethysmography with brachial blood pressure, ocular and ear pulse wave timing)</u>	<u>\$ 79.00</u>
<u>93870-00</u>	Noninvasive studies of carotid artery, imaging (e.g., flow imaging by ultrasonic arteriography, high resolution B-scan with or without pulsed Doppler flow evaluation, Doppler flow or duplex scan with spectrum analysis) (MD/DO)	\$ 245.00 <u>185.20</u>
Venous Studies		
<u>93950-2600</u>	Noninvasive studies of extremity veins; professional component only (MD/DO)	\$ 36.00 <u>80.00</u>
<u>93960-00</u>	<u>Quantitative venous flow studies (e.g., capacitance and outflow measurement or calf, measurement of calf venous reflux, quantitative photoplethysmography)</u>	<u>100.00</u>

5221.1900 PULMONARY.

The codes, service descriptions, and maximum fees of this part apply to pulmonary services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. The services include laboratory procedures, interpretation, and physician services, except surgical and anesthesia services.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>94010-00</u>	<u>Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurements, and/or maximal voluntary ventilation</u>	\$ 30.00
<u>94060-00</u>	<u>Bronchospasm evaluation; spirometry as in 94010, before and after broncodilator (aerosol or parenteral) or exercise</u>	<u>50.00</u>
<u>94070-00</u>	<u>Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after test dose of bronchodilator (aerosol only) or antigen, with spirometry as in 94010-00</u>	<u>65.70</u>
<u>94150-00</u>	<u>Vital capacity, total</u>	\$ 45.00 <u>18.00</u>
<u>94160-00</u>	<u>Vital capacity screening tests; total capacity, with timed force expiratory volume (state duration), and peak flow rate</u>	<u>18.00</u>
<u>94200-00</u>	<u>Maximum breathing capacity, maximal voluntary ventilation</u>	<u>20.00</u>
<u>94250-00</u>	<u>Expired gas collection, quantitative, single procedure (separate procedure)</u>	<u>79.00</u>
<u>94260-00</u>	<u>Thoracic gas volume</u>	<u>11.00</u>
<u>94350-00</u>	<u>Determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including a alveolar nitrogen or helium equilibration time</u>	<u>46.45</u>
<u>94360-00</u>	<u>Determination of resistance to airflow, oscillatory or plethysmographic methods</u>	<u>10.00</u>
<u>94375-00</u>	<u>Respiratory flow volume loop</u>	<u>24.00</u>

94640-00	Nonpressurized inhalation treatment for acute airway obstruction <u>(MD/DO)</u>	21.00 <u>22.50</u>
94650-00	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation <u>(MD/DO)</u>	20.00
94656-00	<u>Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day</u>	<u>128.50</u>
94657-00	<u>subsequent days</u>	<u>56.00</u>
94664-00	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation	49.30 <u>20.50</u>

Allergy and Clinical Immunology

95120	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single antigen	\$ <u>7.50</u>
95125	Multiple antigens (specify number of injections)	<u>9.25</u>
94665-00	<u>Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; subsequent</u>	<u>21.50</u>
94680-00	<u>Oxygen uptake, expired gas analysis; rest and exercise, direct, simple</u>	<u>35.00</u>
94681-00	<u>including CO2 output, percentage oxygen extracted</u>	<u>94.60</u>
94700-00	<u>Analysis of arterial blood gas (oxygen saturation, pO2, pCO2, CO2, pH); rest only</u>	<u>33.30</u>

5221.1950 ALLERGY AND CLINICAL IMMUNOLOGY.

Subpart 1. Allergy sensitivity tests. Allergy sensitivity tests are the performance and evaluation of selective cutaneous and mucous membrane tests in correlation with the history, physical examination, and other observations of the patient. The number of tests performed should be judicious and dependent upon the history, physical findings, and clinical judgment. All patients should not necessarily receive the same tests nor the same number of sensitivity tests.

Subp. 2. Immunotherapy (desensitization, hyposensitization). Immunotherapy is the parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage which is maintained as maintenance therapy. Indications for immunotherapy are determined by appropriate diagnostic procedures coordinated with clinical judgment and knowledge of the natural history of allergic diseases.

Subp. 3. Other therapy. Other therapy for medical conferences on the use of mechanical and electronic devices (precipitators, air conditioners, air filters, humidifiers, dehumidifiers), climatotherapy, physical therapy, occupational and recreational therapy, see 95105-00. (For definitions of Levels of Service see the Introduction.) (For Medical Service Procedures, see 90000-90699.)

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>95000-00</u>	<u>Percutaneous tests (scratch, puncture, prick) with allergenic extracts; up to 30 tests</u>	<u>\$ 2.50</u>
<u>95001-00</u>	<u>31-60 tests</u>	<u>2.05</u>
<u>95002-00</u>	<u>61-90 tests</u>	<u>2.00</u>
<u>95007-00</u>	<u>Percutaneous tests (scratch, puncture, prick) with antibiotics, biologicals, stinging insects; 11-15 tests</u>	<u>22.50</u>
<u>95011-00</u>	<u>more than 15 tests</u>	<u>50.00</u>
<u>95014-00</u>	<u>Intracutaneous (intradermal) tests, with antibiotics, biologicals, stinging insects, immediate reaction 15-20 minutes; 1-5 tests</u>	<u>15.00</u>
<u>95017-00</u>	<u>Intracutaneous (intradermal tests, with antibiotics, biologicals, stinging insects, immediate reaction 15-20 minutes; 11-15 tests</u>	<u>45.00</u>
<u>95021-00</u>	<u>Intracutaneous (intradermal tests with allergenic extracts, immediate reaction 15-20 minutes; 11-20 tests</u>	<u>4.00</u>
<u>95022-00</u>	<u>21-30 tests</u>	<u>3.30</u>
<u>95023-00</u>	<u>more than 30 tests</u>	<u>2.25</u>
<u>95027-00</u>	<u>Skin and point titration</u>	<u>6.00</u>
<u>95030-00</u>	<u>Intracutaneous (intradermal) tests with allergenic extracts, delayed reaction 24-72 hours, including reading; 2 tests</u>	<u>11.00</u>
<u>95031-00</u>	<u>3-4 tests</u>	<u>10.00</u>
<u>95042-00</u>	<u>Patch or application tests; 21-30 tests</u>	<u>3.33</u>
<u>95043-00</u>	<u>more than 30 tests</u>	<u>4.00</u>
<u>95070-00</u>	<u>Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds</u>	<u>110.00</u>
<u>95078-00</u>	<u>Provocative testing (MD/DO)</u>	<u>14.00</u>
<u>95105-00</u>	<u>Medical conference services (e.g., use of mechanical and electric devices, climatotherapy, breathing exercises and/or postural drainage)</u>	<u>35.00</u>
<u>95120-00</u>	<u>Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single antigen (MD/DO)</u>	<u>8.00</u>
<u>95125-00</u>	<u>Multiple antigens (specify number of injections) (MD/DO)</u>	<u>9.00</u>
<u>95130-00</u>	<u>Single stinging insect venom (MD/DO)</u>	<u>23.50</u>
<u>95131-00</u>	<u>Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; 2 stinging insect venoms</u>	<u>22.00</u>
<u>95132-00</u>	<u>3 stinging insect venoms</u>	<u>27.50</u>

95180-00 Rapid desensitization procedure,
each hour (e.g., insulin, penicillin, horse
serum) 6.70

5221.2000 NEUROLOGY AND NEUROMUSCULAR.

The codes, service descriptions, and maximum fees of this part apply to neurology and neuromuscular services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. Services performed as part of and included in the definition of an office visit, hospital visit, or consultation shall not be listed separately, but shall be submitted under the appropriate code.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>95819-26</u>	<u>Electroencephalogram (EEG) including</u> <u>recording awake, drowsy, and asleep,</u> <u>with hyperventilation or photic</u> <u>stimulation, standard or portable,</u> <u>same facility; professional</u> <u>component only</u>	<u>\$ 55.00</u>
<u>95819-TC</u>	<u>technical component only</u>	<u>110.00</u>
<u>95833</u>	<u>Muscle testing, manual; total</u> <u>evaluation of body, excluding hand</u>	<u>10.00</u>
<u>95821-00</u>	<u>Electroencephalogram (EEG); sleep</u> <u>only</u>	<u>\$145.00</u>
<u>95823-00</u>	<u>physical or pharmacological</u> <u>activation only</u>	<u>100.00</u>
<u>95827-00</u>	<u>all night sleep recording only</u>	<u>300.00</u>
<u>95831-00</u>	<u>Muscle testing, manual (separate</u> <u>procedure); extremity (excluding hand)</u> <u>or trunk, with report</u>	<u>25.00</u>
<u>95851-00</u>	<u>Range of motion measurements and</u> <u>report (separate procedure); each</u> <u>extremity, excluding hand</u>	<u>50.00</u>
<u>95852-00</u>	<u>hand, with or without comparison</u> <u>with normal side</u>	<u>16.00</u>
<u>95857-00</u>	<u>Tensilon test for myasthenia gravis</u>	<u>57.00</u>
<u>95860-00</u>	<u>Electromyography; one extremity and</u> <u>related paraspinal areas (MD/DO)</u>	170.00 <u>175.00</u>
<u>95860-26</u>	<u>professional component only</u>	120.00
<u>95861-00</u>	<u>two extremities and related paraspinal</u> <u>areas (MD/DO)</u>	235.00 <u>250.00</u>
<u>95863-00</u>	<u>three extremities and related</u> <u>paraspinal areas (MD/DO)</u>	155.70 <u>165.00</u>
<u>95864-00</u>	<u>four extremities and related paraspinal</u> <u>areas (MD/DO)</u>	215.20 <u>226.00</u>
<u>95864-26</u>	<u>professional component only</u>	152.00
<u>95869-00</u>	<u>Electromyography, limited study of</u> <u>specific muscles (e.g., thoracic spinal</u> <u>muscles)</u>	<u>77.80</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>95882-00</u>	Assessment of higher cerebral function with medical interpretation; cognitive testing and others <u>(MD/DO)</u>	150.00 <u>45.00</u>
<u>95900-00</u>	Nerve conduction, velocity, or latency study, motor, each nerve <u>(MD/DO)</u>	50.00
<u>95904-00</u>	<u>Nerve conduction, velocity and/or latency study; sensory, each nerve</u>	<u>59.50</u>
<u>95935-00</u>	<u>"H" reflex, by electrodiagnostic testing</u>	<u>45.00</u>
<u>95950-00</u>	<u>Monitoring for localization of cerebral seizure focus, by attached electrodes or radiotelemetry; electroencephalographic (EEG) recording and interpretation, initial 24 hours</u>	<u>380.00</u>
<u>95951-00</u>	<u>combined electroencephalographic (EEG) and video recording and interpretation, initial 24 hours</u>	<u>1,000.00</u>

5221.2050 CHEMOTHERAPY INJECTIONS.

The codes, service descriptions, and maximum fees of this part apply to chemotherapy injections, and to a provider licensed as a doctor of medicine, a doctor of osteopathy, or by a qualified assistant under supervision of the physician.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>96501-00</u>	<u>Chemotherapy injection, intravenous, single premixed agent, administered by qualified assistant under supervision of physician or by physician; by infusion technique</u>	<u>\$ 60.00</u>
<u>96505-00</u>	<u>Chemotherapy injection, intravenous, multiple premixed agents, administered by qualified assistant under supervision of physician or by physician; by infusion technique</u>	<u>55.00</u>
<u>96508-00</u>	<u>Chemotherapy injection, intravenous, complex, using one or more agents, requiring mixing, administered by qualified assistant under supervision of physician or by physician; by push technique</u>	<u>37.00</u>
<u>96509-00</u>	<u>by infusion technique</u>	<u>90.00</u>
<u>96510-00</u>	<u>by infusion technique, prolonged, requiring attendance up to one hour</u>	<u>81.50</u>
<u>96512-00</u>	<u>by infusion technique, prolonged, up to a total of several days, involving the use of portable pumps</u>	<u>321.00</u>
<u>96520-00</u>	<u>Portable pump refilling and maintenance</u>	<u>30.00</u>
<u>96530-00</u>	<u>Implantable pump filling and maintenance</u>	<u>48.00</u>
<u>96538-00</u>	<u>Chemotherapy injection, requiring lumbar puncture, administered by physician</u>	<u>217.30</u>

<u>96540-00</u>	<u>Chemotherapy injection, intrathecal</u> <u>via reservoir, single or multiple</u> <u>agents, administered by physician</u>	<u>107.00</u>
-----------------	--	---------------

5221.2070 DERMATOLOGICAL PROCEDURES.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees of this part apply to dermatological procedures, and to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Subp. 2. **Services.** Dermatologic services are typically consultative, and any of the levels of consultation described in part 5221.1200 may be appropriate. In addition, physician services for dermatological procedures are the same as the definitions described in part 5221.1100.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>96900-00</u>	<u>Actinotherapy (ultraviolet light)</u>	<u>\$ 7.50</u>
<u>96910-00</u>	<u>Photochemotherapy; tar and ultraviolet B</u> <u>(Geockerman treatment) or petrolatum</u> <u>and ultraviolet B</u>	<u>25.00</u>
<u>96912-00</u>	<u>psoralens and ultraviolet A (PUVA)</u>	<u>30.00</u>

5221.2100 PHYSICAL MEDICINE.

The following codes, service descriptions, and maximum fees apply to physical medicine services, and to a provider licensed as a doctor of medicine or a doctor of osteopathy. ~~Physical medicine office visits as listed under "modalities" and "procedures" shall be submitted under the appropriate code from this paragraph. Modalities and procedures require supervision by the physician, and constant attendance by the physician or therapist.~~

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
	Modalities	
<u>97000</u>	<u>Office visit with one of the following</u> <u>modalities to one area:</u> <u>1. Hot or cold packs</u> <u>2. Traction, mechanical</u> <u>3. Electrical stimulation (unattended)</u> <u>4. Vasopneumatic devices</u> <u>5. Paraffin bath</u> <u>6. Microwave</u> <u>7. Whirlpool</u> <u>8. Diathermy</u> <u>9. Infrared</u> <u>10. Ultraviolet</u>	<u>\$ 48.00</u>
<u>97010</u>	<u>Physical medicine treatment to one area;</u> <u>hot or cold packs</u>	<u>24.50</u>
<u>97012</u>	<u>Physical medicine treatment to one area;</u> <u>traction mechanical</u>	<u>15.50</u>
<u>97014</u>	<u>Physical medicine treatment to one</u> <u>ea; electrical stimulation (unattended)</u>	<u>17.00</u>
<u>97020</u>	<u>Microwave</u>	<u>12.75</u>
<u>97024</u>	<u>Diathermy</u>	<u>14.75</u>
<u>97026</u>	<u>Infrared</u>	<u>7.50</u>
<u>97039</u>	<u>Unlisted modality (specify)</u>	<u>27.10</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Procedures

97110	Physical medicine treatment to one area; initial 30 minutes; each visit; therapeutic exercises	\$ 26.50
97116	Gait training	20.00
97118	Electrical stimulation (manual)	16.00
97124	Massage	17.00
97128	Ultrasound	17.00
97145	Physical medicine treatment to one area; each additional 15 minutes	12.50
97240	Pool therapy or Hubbard tank with therapeutic exercises; initial 30 minutes; each visit	32.00
97260-00	Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure), performed by physician; one area. For manipulation under general anesthesia, see appropriate anatomic section in musculoskeletal system	30.00
97261-00	Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure), performed by physician; each additional area (MD/DO)	8.00 8.40
97700	Office visit; including one of the following tests or measurements; with report: a. Orthotic checkout b. Prosthetic checkout c. Activities of daily living checkout; initial 30 minutes; each visit	45.00
97701	each additional 15 minutes	33.00

5221.2200 CRITICAL CARE SPECIAL SERVICES AND REPORTS.

Critical care services (codes 99162 to 99173) apply to a provider licensed as a doctor of medicine or a doctor of osteopathy, and include the care of critically ill patients in a variety of medical emergencies that require the constant attention of the physician; for example, cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, or critically ill neonate. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility. The critical care services include, but are not limited to, cardiopulmonary resuscitation and a variety of services attendant to this procedure as well as other acute emergency situations. Separate procedure codes for services performed during this period, such as placement of catheters, cardiac output measurement, management of dialysis, control of gastrointestinal hemorrhage, or electrical conversion of arrhythmia, are not permitted when critical care services are billed on a per hour basis. Special services and reports apply to a provider licensed as a doctor of medicine or a doctor of osteopathy, and include a means of identifying the completion of special reports and services that are an adjunct to the basic services rendered. (See part 5221.1100 for definitions on levels of services.)

Code	Service	Maximum Fee
	<u>Miscellaneous Services</u>	
99000-00	Collection, handling, or conveyance of specimen for transfer from the physician's office to a laboratory (MD/DO)	\$ 8.00 9.25

Proposed Rules

99001-00	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated) (MD/DO)	11.90 11.00
99014-00	Telephone calls for consultation or medical management; intermediate	15.00
Surgical Procedures		
99025-00	Initial, new patient visit; when asterisk asterisk (*) surgical procedure constitutes major service at that visit (MD/DO)	20.00 25.00
99052-00	Services requested between 10:00 p.m. and 8:00 a.m. in addition to basic service	27.10
99054-00	Services requested on Sundays and holidays in addition to basic services	25.00
99056-00	Services provided at request of patient in a location other than physician's office which are normally provided in the office	55.00
99058-00	Office services provided on an emergency basis (MD/DO)	35.00 40.00
99062-00	Emergency care facility services; when the nonhospital-based physician is in the hospital, but is involved in patient care elsewhere and is called to the emergency facility to provide emergency services	52.00
99064-00	Emergency care facility services; when the nonhospital-based physician is called to the emergency facility from outside the hospital to provide emergency services; not during regular office hours	50.00
99065-00	during regular office hours	50.50
99075-00	Medical testimony (MD/DO)	Reasonableness of charges reviewable by commissioner
99080-00	Special reports like insurance forms, or the review of medical data to clarify a patient's status; more than the information conveyed in the usual medical communications or on standard reporting forms required by the commissioner (MD/DO)	Reasonableness of charges reviewable by commissioner

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

99090-00	<u>Analysis of information data stored in computers (e.g., ECGs, blood pressures, hematologic data)</u>	<u>25.00</u>
----------	---	--------------

Prolonged Services

99150-00	Prolonged physician attendance requiring physician detention beyond usual service (e.g., operative standby, monitoring ECG, EEG, intrathoracic pressures, intravascular pressures, blood gases during surgery); 30 minutes to one hour (MD/DO)	\$ 400.00 <u>114.00</u>
99151-00	<u>more than one hour</u>	<u>191.00</u>

Medical Conferences

99155-00	Medical conference by physician regarding medical management with patient, or relative, guardian, or other (may include counseling by a physician); approximately 25 minutes (MD/DO)	65.00 <u>73.70</u>
99156-00	approximately 50 minutes	115.00 <u>100.00</u>

Critical Care Services

Critical care services (codes 99162-00 to 99173-00) apply to a provider licensed as a doctor of medicine or a doctor of osteopathy, and include the care of critically ill patients in a variety of medical emergencies that require the constant attention of the physician, for example, cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, or critically ill neonate. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility. The critical care services include, but are not limited to, cardiopulmonary resuscitation and a variety of services attendant to this procedure as well as other acute emergency situations. Separate procedure codes for services performed during this period, such as placement of catheters, cardiac output measurement, management of dialysis, control of gastrointestinal hemorrhage, or electrical conversion of arrhythmia, are not permitted when critical care services are billed on a per hour basis.

Code	Service	Maximum Fee
99160-00	Critical care, initial, including the diagnostic and therapeutic services and direction of care of the critically ill or multiple injured or comatose patient, requiring the prolonged presence of the physician; each hour (MD/DO)	\$ 140.00 <u>151.50</u>
99162-00	additional 30 minutes (MD/DO)	75.00 <u>76.50</u>
99170-00	<u>Gastric intubation, and aspiration or lavage for treatment (e.g., for ingested poisons)</u>	<u>75.00</u>
99171-00	Critical care, subsequent follow-up visit; brief examination, evaluation and/or treatment for same illness (MD/DO)	55.00 <u>60.00</u>
99172-00	Critical care, subsequent follow-up visit; limited examination, evaluation, or treatment for same or new illness (MD/DO)	53.00
99173-00	intermediate examination, evaluation, or treatment, same or new illness (MD/DO)	75.00 <u>78.00</u>

99174-00	Extended reexamination, reevaluation and/or treatment, same or new illness <u>(MD/DO)</u>	131.00 <u>150.00</u>
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	62.00
<u>Other Services</u>		
99195-00	<u>Phlebotomy, therapeutic (separate procedure)</u>	<u>35.00</u>

5221.2250 PHYSICIAN SERVICES; SURGERY.

Subpart 1. [Unchanged.]

Subp. 2. **Instructions.** The instructions in items A to ~~E~~ F govern the assignment of codes and the evaluation of services described in this part.

A. With the exception of services designated with an asterisk (*), all services include the operation per se, local infiltration, digital block, or topical anesthesia when used, and the normal uncomplicated in-hospital follow-up care, provided by the surgeon both pre- and postoperative. This concept is referred to as a "package" for surgical procedures. The surgical package includes the assistant surgeons if any are used. Reimbursement for the assistant surgeon is made from the fee collected for the surgical package and is the responsibility of the primary physician. For the purposes of this definition, preoperative care does not include any care administered before the provider determines that surgery is required.

B. to D. [Unchanged.]

E. Certain minor surgical services involve a readily identifiable surgical procedure but include variable preoperative and postoperative services. Because of the indefinite pre- and postoperative services the usual package concept for surgical services cannot be applied. These procedures are identified by an asterisk (*) following the code number. When an asterisk follows a surgical procedure code, the following rules apply.

(1) The service as listed includes the surgical procedure only. Associated pre- and postoperative services are not included in the service as listed.

(2) Preoperative services shall be listed when:

(a) the ~~asterisk~~ asterisked procedure is carried out at the time of an initial visit (new patient) and this procedure constitutes the major service at that visit, procedure number 99025 is listed in lieu of the initial visit as an additional service;

(b) the ~~asterisk~~ asterisked procedure is carried out at the time of an initial or other visit involving significant identifiable services, for example, removal of a small skin lesion at the time of a comprehensive history and physical examination, the appropriate visit is listed in addition to the ~~asterisk~~ asterisked procedure and its follow-up care;

(c) the ~~asterisk~~ asterisked procedure is carried out at the time of a follow-up of an established patient visit and this procedure constitutes the major service at that visit, no visit service shall be added; ~~and or~~

(d) the ~~asterisk~~ asterisked procedure requires hospitalization, an appropriate hospital visit is listed in addition to the ~~asterisk~~ asterisked procedure and its follow-up care.

(3) All postoperative care is added on a service-by-service basis.

(4) Complications are added on a service-by-service basis as with surgical procedures.

F. Special situations.

(1) Multiple procedures (more than one procedure is performed at a single operative session through the same incision.)

(a) The major or primary procedures must be billed with the applicable 5-digit procedure code listed in the Medical Fee Schedule. The reimbursement must be at the provider's usual charge or rate set in the Medical Fee Schedule, whichever is less.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

(b) The secondary, additional, or lesser procedures must be billed by adding modifier 51 to the applicable procedure code listed in the Medical Fee Schedule. The reimbursement for these procedures must be at the provider's usual charge or 50 percent of the Medical Fee Schedule, whichever is less.

(2) Multiple procedures (more than one procedure is performed at a single operative session through different incisions.)

(a) The major or primary procedures must be billed with the applicable 5-digit procedure code listed in the Medical Fee Schedule. The reimbursement must be at the provider's usual charge or rate set in the Medical Fee Schedule, whichever is less.

(b) The secondary, additional, or lesser procedures must be billed by adding modifier 51 to the applicable procedure code listed in the Medical Fee Schedule. The reimbursement for these procedures must be at the provider's usual charge or 65 percent of the Medical Fee Schedule, whichever is less.

(3) Bilateral procedures (pertaining to two sides and requiring separate incisions.)

(a) When bilateral procedures are performed at the same operative session and the descriptor for the procedure code specifies bilateral procedures, the procedures must be reported using the applicable procedure code listed in the Medical Fee Schedule. Reimbursement must be at the provider's usual charge or the Medical Fee Schedule, whichever is less.

(b) When the descriptor of the procedure code does not specify that it is bilateral, the primary procedure must be reported twice using the applicable procedure codes.

For the first procedure, the applicable 5-digit procedure code must be billed without a modifier. Reimbursement will be at the provider's usual rate or the rate set in the Medical Fee Schedule, whichever is less.

For the second procedure, the applicable 5-digit code must be billed with modifier 50. Reimbursement must be at the provider's usual rate or 75 percent of the rate set in the Medical Fee Schedule, whichever is less.

Subp. 3. Integumentary system. The following codes, service descriptions, and maximum fees apply to surgical procedures of the integumentary system.

A. Instructions for integumentary system:

(1) Excision of benign lesions (codes 11200 to 11441) includes a simple closure and local anesthesia for treatment of benign lesions of skin or subcutaneous tissues, for example, cicatricial, fibrous, inflammatory, congenital, or cystic lesions.

(2) Treatment of burns (codes 16000 to 16030) refer to local treatment of the burned surface only.

(3) Level of repair.

(a) Simple repair (codes 12001 to 12014) shall be used for superficial wounds involving skin or subcutaneous tissues, without significant involvement of deeper structures, and which requires simple suturing. Wounds which require closure with adhesive strips only shall be listed according to the appropriate office visit.

(b) Intermediate repair (codes 12031 to 12052) shall be used for the repair of wounds that, in addition to simple repair, require layer closure. These wounds usually involve deeper layers such as fascia or muscle, to the extent that at least one of the deeper layers requires separate closure.

(c) Complex repair (codes 13120 to 13152) shall be used for the repair of wounds which require reconstructive surgery, complicated wound closures, skin grafts, or unusual and time consuming techniques of repair to obtain the maximum functional and cosmetic result. It may include creation of the defect and necessary preparation for repairs or the debridement and repair of complicated lacerations or avulsions.

(4) The instructions in items A to C units (a) to (c) also apply to coding of repair services (codes 12001 to 13152):

~~A-~~ (a) When multiple wounds are repaired, the lengths of those of the same classification shall be added together and reported as a single item. When more than one classification of wounds is are repaired, the most complicated shall be listed as the primary procedure and the less complicated as the secondary procedure, using modifier number 50.

~~B-~~ (b) Only when gross contamination requires prolonged cleansing is decontamination or debridement to be considered a separate procedure. Debridement is considered a separate procedure only when appreciable amounts of devitalized or contaminated tissue are removed.

~~C-~~ (c) Involvement of nerves, blood vessels, and tendons shall be reported under the appropriate system for repair of these structures. The repair of the associated wound shall be included in the primary procedure, unless it qualifies as a complex wound, in which case modifier number 50 applies. Simple ligation of vessels in an open wound is considered as part of any wound closure. Simple exploration of nerves, blood vessels, or tendons exposed in an open wound is also considered part of the essential treatment of the wound and is not a separate procedure unless appreciable dissection is required.

B. The following codes, service descriptions, and maximum fees apply to surgical procedures of the integumentary system.

Proposed Rules

Incision

Code	Service	Maximum Fee
10000*00	Incision and drainage of infected or noninfected sebaceous cyst; one lesion (MD/DO)	\$ 50.00 <u>53.00</u>
10003*00	Incision and drainage of infected or noninfected epithelial inclusion cyst (sebaceous cyst) with complete removal of sac and treatment of cavity (MD/DO)	59.00 <u>60.00</u>
10020*00	Incision and drainage of furuncle (MD/DO)	35.00 <u>40.00</u>
10040*00	<u>Acne surgery (e.g. marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)</u>	<u>23.00</u>
10060*00	Incision and drainage of abscess, for example, carbuncle, suppurative hidradenitis, and other cutaneous or subcutaneous abscesses; simple (MD/DO)	51.50 <u>54.00</u>
10061-00	<u>complicated</u>	<u>130.00</u>
10080*00	Incision and drainage of piloridial cyst; simple (MD/DO)	59.25 <u>60.00</u>
10100*00	Incision and drainage of onychia or paronychia single or simple (MD/DO)	45.00 <u>47.00</u>
10120*00	Incision and removal of foreign body, subcutaneous tissues; simple (MD/DO)	50.00 <u>52.50</u>
10121*00	<u>complicated</u>	<u>112.20</u>
10160*00	Puncture aspiration of abscess, hematoma, bulla, or cyst (MD/DO)	<u>45.00</u>
10180-00	<u>Incision and drainage, complex, postoperative wound infection</u>	<u>100.00</u>
11000*00	<u>Debridement of extensive eczematous or infected skin; up to ten percent of body surface</u>	<u>35.00</u>
11041-00	<u>Debridement; skin, full thickness</u>	<u>35.00</u>
11042-00	<u>skin, and subcutaneous tissue</u>	<u>80.00</u>

Paring or Curettement

11050*00	Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); single lesion	\$ 27.00 <u>28.00</u>
11051-00	two to four lesions	<u>40.00</u>
11052-00	more than four lesions	<u>52.00</u>

Biopsy

11100-00	Biopsy of skin, subcutaneous tissue, or mucous membrane, including simple closure, unless otherwise listed (separate procedure); one lesion (MD/DO)	\$ 60.00 <u>63.00</u>
11101	each additional lesion	31.50

Proposed Rules

Excision — Benign Lesions

11200*00	Excision, skin tags, multiple fibrocutaneous tags, any area; up to 15 lesions (MD/DO)	\$ 54.00 <u>55.00</u>
11400-00	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter up to 0.5 centimeter (MD/DO)	68.00 <u>70.40</u>
11401-00	lesion diameter 0.5 to 1.0 centimeter	78.00 <u>82.00</u>
11402-00	lesion diameter 1.0 to 2.0 centimeters	96.50 <u>100.00</u>
11403-00	lesion diameter 2.0 to 3.0 centimeters (MD/DO)	115.00
11404-00	lesion diameter 3.0 to 4.0 centimeters (MD/DO)	130.00 <u>150.00</u>
11406-00	<u>lesion diameter over 4.0 centimeters</u>	<u>200.00</u>
11420-00	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter up to 0.5 centimeter (MD/DO)	72.50 <u>77.00</u>
11421-00	lesion diameter 0.5 to 1.0 centimeter (MD/DO)	91.25 <u>96.60</u>
11422-00	lesion diameter 1.0 to 2.0 centimeters (MD/DO)	110.00 <u>120.00</u>
11423-00	lesion diameter 2.0 to 3.0 centimeters (MD/DO)	140.00 <u>144.00</u>
11424-00	<u>lesion diameter 3.1 to 4.0 centimeters</u>	<u>160.00</u>
11426-00	<u>lesion diameter over 4.0 centimeters</u>	<u>300.00</u>
11440-00	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter up to 0.5 centimeter (MD-DO)	87.00 <u>90.00</u>
11441-00	lesion diameter 0.5 to 1.0 centimeter (MD/DO)	108.80 <u>113.00</u>
11442-00	<u>lesion diameter 1.1 to 2.0 centimeters</u>	<u>135.00</u>
11443-00	<u>lesion diameter 2.1 to 3.0 centimeters</u>	<u>89.00</u>

Excision — Malignant Lesions

16000-00	<u>Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.5 centimeter or less</u>	\$ <u>111.00</u>
11601-00	<u>lesion diameter 0.6 to 1.0 centimeter</u>	<u>145.00</u>
11602-00	<u>lesion diameter 1.1 to 2.0 centimeters</u>	<u>204.00</u>
11603-00	<u>lesion diameter 2.1 to 3.0 centimeters</u>	<u>260.00</u>
11620-00	<u>Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 centimeter or less</u>	<u>171.00</u>
11621-00	<u>lesion diameter 0.6 to 1.0 centimeter</u>	<u>220.00</u>

Proposed Rules

<u>11622-00</u>	<u>lesion diameter 1.1 to 2.0 centimeters</u>	<u>280.43</u>
<u>11640-00</u>	<u>Excision, malignant lesion, face, ears, eyelids, nose, lips, lesion diameter 0.5 centimeter or less</u>	<u>243.00</u>
<u>11641-00</u>	<u>lesion diameter 0.6 to 1.0 centimeter</u>	<u>292.90</u>
Nails		
<u>11700*00</u>	<u>Debridement of nails, manual; 5 or less</u>	<u>\$ 29.00</u>
<u>11710*00</u>	<u>Debridement of nails, electric grinder, 5 or less</u>	<u>25.00</u>
<u>11730*00</u>	Avulsion of nail plate, partial or complete, simple; single (MD/DO)	\$ 60.00 <u>64.00</u>
<u>11740-00</u>	Evacuation of subungual hematoma (MD/DO)	35.00 <u>36.50</u>
<u>11750-00</u>	<u>Excision of nail and nail matrix, partial or complete, (e.g. ingrown or deformed nail) for permanent removal</u>	<u>125.00</u>
<u>11760-00</u>	<u>Reconstruction of nail bed; simple</u>	<u>77.00</u>
Miscellaneous		
<u>11770-00</u>	<u>Excision of piloridial cyst or sinus; simple</u>	<u>\$ 550.00</u>
<u>11771-00</u>	<u>extensive</u>	<u>600.00</u>
<u>11900*00</u>	Injection, intralesional, up to and including seven lesions (MD/DO)	<u>\$ 35.00</u>
Introduction		
<u>11901*00</u>	<u>Injection, intralesional; up to and including 7 lesions</u>	<u>\$ 71.00</u>
<u>11954-00</u>	<u>Subcutaneous injection of "filling" material (e.g. silicone); over 10 cc</u>	<u>50.00</u>
Repair — Simple		
<u>12001*00</u>	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, or extremities, including hands and feet; up to 2.5 centimeters (MD/DO)	\$ 53.00 <u>55.50</u>
<u>12002*00</u>	2.5 to 7.5 centimeters (MD/DO)	77.00 <u>82.00</u>
<u>12004*00</u>	7.5 to 12.5 centimeters (MD/DO)	112.00 <u>120.00</u>
<u>12005*00</u>	12.5 to 20.0 centimeters (MD/DO)	134.00 <u>175.00</u>
<u>12011*00</u>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, or mucous membranes; up to 2.5 centimeters (MD/DO)	78.00 <u>83.00</u>
<u>12013*00</u>	2.5 to 5.0 centimeters	107.00 <u>115.00</u>
<u>12014-00</u>	<u>5.1 to 7.5 centimeters</u>	<u>75.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Repair — Intermediate

12031*00	Layer closure of wounds of scalp, axillae, trunk, or extremities excluding hands and feet; up to 2.5 centimeters (MD/DO)	\$ 80.00 84.00
12032*00	2.5 to 7.5 centimeters (MD/DO)	100.00 118.00
12034-00	7.6 to 12.5 centimeters (MD/DO)	143.10 168.00
12041*00	Layer closure of wounds of neck, hands, feet, or external genitalia; up to 2.5 centimeters (MD/DO)	98.00
12042-00	2.5 to 7.5 centimeters (MD/DO)	130.00 140.00
12051*00	Layer closure of wounds of face, ears, eyelids, nose, lips, or mucous membranes up to 2.5 centimeters (MD/DO)	110.00 112.00
12052-00	2.5 to 5.0 centimeters (MD/DO)	139.00 160.00

Repair — Complex

13100-00	Repair, complex, trunk; 1.1 to 2.5 centimeters	\$ 140.00
13101-00	2.6 to 7.5 centimeters	275.00
13120-00	Repair, complex, scalp, arms, and/or legs; 1.1 to 2.5 centimeters	280.00
13121-00	2.6 to 7.5 centimeters	234.00
13131-00	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 to 2.5 centimeters	350.00
13132-00	2.6 to 7.5 centimeters	490.00
13150-00	Repair, complex, eyelids, nose, ears and/or lips; 1.0 centimeter or less	210.00
13151-00	Repair, complex, eyelids, nose, ears, or lips; 1.0 to 2.5 centimeters (MD/DO)	\$ 420.00
13152-00	2.5 to 7.5 centimeters (MD/DO)	697.00 630.00

Adjacent Tissue Transfer or Rearrangement

14040-00	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, or feet; defect up to 10 square centimeters (MD/DO)	\$ 726.25 725.00
14060-00	Adjacent tissue transfer or rearrangement, eyelids, nose, ears, or lips; defect up to 10 square centimeters (MD/DO)	850.00 1,000.00

Free Skin Grafts

15100-00	Split graft, trunk, scalp, arms, legs, hands, or feet except multiple digits; up to 100 square centimeters or less, or each one percent of body area of infants and children (MD/DO)	\$ 583.00 635.00
----------	--	------------------

Burns, Local Treatment

16000-00	Initial treatment, first degree burn, when no more than local treatment is required (MD/DO)	\$ 50.00 <u>47.50</u>
16020*00	Dressings or debridement, initial or subsequent; without anesthesia, office or hospital, small (MD/DO)	40.00 <u>42.50</u>
16025*00	without anesthesia, medium, for example, whole face or whole extremity (MD/DO)	66.00 <u>71.00</u>

Destruction

17000*00	Destruction by any method, with or without surgical curettement, all facial lesions or premalignant lesions in any location, including local anesthesia; one lesion (MD/DO)	\$ 47.50 <u>46.50</u>
17100*00	Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion (MD/DO)	36.50 <u>43.00</u>
17101-00	second lesion (MD/DO)	20.25 <u>22.25</u>
17110*00	<u>Destruction by any method of flat (plane, juvenile) warts or molluscum contagiosum, milia, up to 15 lesions</u>	<u>40.00</u>
17200*00	Electrosurgical destruction of multiple fibrocuteaneous tags; up to 15 lesions (MD/DO)	51.00 <u>50.00</u>
17250*	Chemical cauterization of a wound	30.00
17304-00	<u>Chemosurgery (Mohs' technique); first stage, fresh tissue technique, including the removal of all gross tumor and delineation of margins by means of up to 5 horizontal, microscopic specimens</u>	<u>460.00</u>
17340*00	Cryotherapy (CO ₂ slush, liquid N ₂) (MD/DO)	28.00 <u>30.00</u>
17360*00	<u>Chemical exfoliation for acne (e.g. acne paste, acid)</u>	<u>31.00</u>

Subp. 4. **Musculoskeletal system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the musculoskeletal system. Rereduction of a fracture or dislocation performed by the primary physician may be identified by the addition of the modifier number 76 to the usual procedure number to indicate "repeat procedure by same physician."

Excision — General

Code	Service	Maximum Fee
20220-00	Biopsy, bone, trocar, or needle; superficial, for example ilium, sternum, spinous process, ribs	\$ 150.00 <u>175.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Introduction or Removal — General

20501*	Injection of sinus tract; diagnostic (sinogram) (separate procedure)	\$ 48.88
20550*00	Injection, tendon sheath, ligament, or trigger points (MD/DO)	41.00 46.00
20600*00	Arthrocentesis, aspiration, or injection; small joint or bursa, for example, fingers, toes (MD/DO)	42.00 50.00
20605*00	intermediate joint or bursa, for example, temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa (MD/DO)	58.55 60.25
20610*00	major joint or bursa, for example, shoulder, hip, knee joint, subacromial bursa (MD/DO)	57.00 61.00
20670*00	<u>Removal of implant; superficial, (e.g. buried wire, pin, or rod)</u>	86.50
20680-00	Removal of implant; deep, for example, buried wire, pin, screw, metal band, nail, rod, or plate (MD/DO)	320.00 344.00

Head—Fracture or Dislocation Repair, Revision, or Reconstruction

21240	Arthroplasty, temporomandibular joint	\$ 2,226.00
21116-00	<u>Injection procedure for temporomandibular joint arthrography</u>	\$162.00
21310-00	Treatment of closed or open nasal fracture without manipulation (MD/DO)	45.00 55.00
21315-00	<u>mandible (includes obtaining graft)</u>	120.00
21320-00	Manipulative treatment, nasal bone fracture; with stabilization (MD/DO)	278.00 300.00
21455	Closed manipulative treatment by interdental fixation of closed or open mandibular fracture	718.43

Neck (Soft Tissues) and Thorax — Fracture or Dislocation

21800-00	<u>Treatment of rib fracture; closed, uncomplicated, each</u>	65.00
----------	---	-------

Spine

Code	Service-	Maximum Fee
22555-00	Arthrodesis with disectomy, cervical, anterior interbody approach with iliac or other autogenous bone graft (includes obtaining graft) (MD/DO)	\$2,261.00 2,300.00

Shoulders—Fracture or Dislocation

23350-00	Injection procedure for shoulder arthrography (MD/DO)	\$ 58.00
----------	---	----------

Proposed Rules

23420-00	Repair of complete shoulder cuff avulsion, chronic (includes acromionectomy) (MD/DO)	1,563.50 <u>1,515.00</u>
23450-00	Capsulorrhaphy for recurrent dislocation, anterior; Putti-Platt procedure or Magnuson type operation (MD/DO)	1,355.00 <u>1,359.00</u>
23500-00	Treatment of closed clavicular fracture; without manipulation (MD/DO)	100.00
23550	Open treatment of closed or open acromioclavicular dislocation, acute or chronic	852.00
23540-00	<u>Treatment of closed acromioclavicular dislocation; without manipulation</u>	<u>75.00</u>
23600-00	<u>Treatment of closed humeral (surgical or anatomical neck) fracture; without manipulation</u>	<u>202.25</u>
23650-00	Treatment of closed shoulder dislocation, with manipulation; without anesthesia (MD/DO)	146.00 <u>138.00</u>
23655-00	requiring anesthesia (MD/DO)	197.00 <u>213.00</u>
Shoulder — Manipulation		
23700*	<u>Manipulation under anesthesia, including application of fixation apparatus (dislocation excluded)</u>	\$ <u>188.00</u>
Humerus (Upper Arm) and Elbow — Fracture or Dislocation		
24105	Excision, olecranon bursa	\$ <u>375.00</u>
24500-00	<u>Treatment of closed humeral shaft fracture; without manipulation</u>	<u>\$233.70</u>
24600-00	<u>Treatment of closed humeral epicondylar fracture, medial or lateral; without manipulation</u>	<u>168.00</u>
24650-00	Treatment of closed radial head or neck fracture without manipulation (MD/DO)	135.00 <u>160.00</u>
Forearm and Wrist — Incision and Excision		
25000-00	<u>Tendon sheath incision; at radial styloid for de Quervain's disease</u>	<u>\$395.00</u>
25111-00	Excision of ganglion, wrist (dorsal or volar); primary (MD/DO)	\$ 380.00 <u>400.00</u>
25500	Treatment of closed radial shaft fracture; without manipulation	150.50
Forearm and Wrist — Fracture or Dislocation		
25505-00	Treatment of closed radial shaft fracture; with manipulation (MD/DO)	\$ 341.00 <u>345.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

<u>25560-00</u>	<u>Treatment of closed radial and ulnar shaft fractures; without manipulation</u>	<u>211.50</u>
<u>25565-00</u>	Treatment of closed radial and ulnar shaft fractures; with manipulation (MD/DO)	406.00 <u>435.00</u>
<u>25600-00</u>	Treatment of closed distal radial fracture (for example, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation (MD/DO)	189.00 <u>176.00</u>
<u>25605-00</u>	with manipulation (MD/DO)	318.00 <u>322.00</u>
<u>25610-00</u>	Treatment of closed, complex, distal radial fracture (for example, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation; without external skeletal fixation or percutaneous pinning (MD/DO)	443.00 <u>460.00</u>
<u>25611-00</u>	with external skeletal fixation or percutaneous pinning (MD/DO)	600.00 <u>643.00</u>
<u>25622-00</u>	<u>Treatment of closed carpal scaphoid (navicular) fracture; without manipulation</u>	<u>185.00</u>

Hand and Fingers — Incision, Excision, Repair, Revision, or Reconstruction

<u>26010*00</u>	<u>Draining of finger abscess; simple</u>	<u>\$55.00</u>
<u>26055-00</u>	Tendon sheath incision for trigger finger (MD/DO)	\$383.00 <u>400.00</u>
<u>26115-00</u>	<u>Excision, tumor, hand or finger; subcutaneous</u>	<u>315.00</u>
<u>26116-00</u>	<u>deep, subfascial, intramuscular</u>	<u>537.50</u>
<u>26122-00</u>	<u>Fasciectomy, palmar, simple for Dupuytren's contracture; up to 1/2 palmar fascia, with single digit involvement, with or without Z-plasty or other local tissue rearrangement</u>	<u>1,309.00</u>
<u>26160-00</u>	Excision of lesion of tendon sheath or capsule (MD/DO)	248.00 <u>231.00</u>
<u>26418-00</u>	Extensor tendon repair, dorsum of finger, single, primary, or secondary; without free graft, each tendon (MD/DO)	255.00 <u>333.00</u>

Hands and Fingers — Fractures or Dislocations

<u>26600-00</u>	Treatment of closed metacarpal fracture, single; without manipulation, each bone (MD/DO)	\$ 126.00 <u>116.00</u>
<u>26605-00</u>	with manipulation, each bone (MD/DO)	195.00 <u>196.00</u>
<u>26615</u>	<u>Open treatment of closed or open metacarpal fracture, single, with or without internal or external skeletal fixation, each bone</u>	<u>490.00</u>

Proposed Rules

26720-00	Treatment of closed phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each (MD/DO)	80.00 <u>77.00</u>
26725-00	with manipulation, each (MD/DO)	137.00 <u>150.00</u>
26735-00	<u>Open treatment of closed or open phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external skeletal fixation, each</u>	<u>400.00</u>
26750-00	Treatment of closed distal phalangeal fracture, finger or thumb; without manipulation, each (MD/DO)	56.00 <u>55.50</u>
26755-00	with manipulation, each	<u>112.00</u>
26760-00	<u>Treatment of open distal phalangeal fracture, finger or thumb, with uncomplicated soft tissue closure, each</u>	<u>100.00</u>
26770-00	Treatment of closed interphalangeal joint dislocation, single, with manipulation; without anesthesia (MD/DO)	62.00 <u>65.00</u>
Hand and Fingers — Amputation		
26951-00	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure (MD/DO)	\$ 275.00 <u>295.50</u>
Pelvis and Hip Joint		
27125-00	<u>Hemiarthroplasty of hip; prostheses (e.g. Austin-Moore, bipolar arthroplasty)</u>	<u>\$2,098.00</u>
27130-00	Arthroplasty, Acetabular and proximal femoral prosthetic replacement; simple (MD/DO)	3,050.00
27131	complex	3,628.00
27134-00	<u>Revision of total hip arthroplasty; both components</u>	<u>4,100.00</u>
27235-00	<u>Treatment of closed or open femoral fracture, in situ pinning of undisplaced or impacted fracture</u>	<u>1,493.80</u>
27236-00	Open treatment of closed or open femoral fracture, proximal end, neck, internal fixation or prosthetic replacement (MD/DO)	1,629.00 <u>1,700.00</u>
27244-00	Open treatment of closed or open intertrochanteric or pertrochanteric femoral fracture, with internal fixation (MD/DO)	1,491.00 <u>1,496.00</u>
27252-00	<u>Treatment of closed hip dislocation; requiring anesthesia</u>	<u>381.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Femur (Thigh Region) and Knee Joint — Introduction or Removal

27370-00	Injection procedure for knee arthrography (MD/DO)	\$ 55.64
27374	Arthroscopy, knee, surgical; debridement with cartilage shaving or drilling or resection of reactive synovium	1,450.00
27378	with partial meniscectomy	1,380.00
27379	with plica resection or shelf resection	1,225.00

Femur (Thigh Region) and Knee Joint — Repair, Revision, or Reconstruction

27422-00	Reconstruction for recurrent dislocating patella; with extensor realignment or muscle advancement or release (Campbell, Goldwaite, type procedure)	\$1,156.00 1,203.00
27425-00	<u>Lateral retinacular release, any method</u>	1,235.00
27446-00	<u>Arthroplasty, knee, condyle and plateau; medial or lateral compartment</u>	2,400.00
27447-00	Arthroplasty, knee condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee replacement) (MD/DO)	3,000.00
27506-00	Open treatment of closed or open femoral shaft fracture (including supracondylar), with or without internal or external skeletal fixation (MD/DO)	1,580.88 1,482.00

Amputation

27590-00	<u>Amputation, thigh, through femur, any level</u>	1,050.40
----------	--	----------

Leg (Tibula and Fibula) and Ankle Joint — Fractures or Dislocations

27752	Treatment of closed tibial shaft fracture; with manipulation	\$ 425.00
27750-00	<u>Treatment of closed tibial shaft fracture; without manipulation</u>	275.00
27760-00	<u>Treatment of closed distal tibial fracture (medial malleolus) without manipulation</u>	190.00
27780-00	Treatment of closed proximal fibula or shaft fracture; without manipulation (MD/DO)	150.00 141.00
27786-00	Treatment of closed distal fibular fracture (lateral malleolus); without manipulation (MD/DO)	152.50 176.00
27792	Open treatment of closed or open distal fibular fracture (lateral malleolus); with fixation	730.00

Proposed Rules

<u>27800-00</u>	<u>Treatment of closed tibia and fibula fractures, shafts; without manipulation</u>	<u>315.00</u>
<u>27802-00</u>	Treatment of closed tibia and fibula fractures, shafts; with manipulation (MD/DO)	511.00 <u>540.00</u>
<u>27814-00</u>	Open treatment of closed or open bimalleolar ankle fracture, with or without internal or external skeletal fixation (MD/DO)	920.00 <u>950.00</u>
<u>27822-00</u>	Open treatment of closed or open trimalleolar ankle fracture, with or without internal or external skeletal fixation, medial, or lateral malleolus; only (MD/DO)	1,112.00 <u>1,153.00</u>
<u>27880-00</u>	Amputation leg, through tibia and fibula (MD/DO)	893.00 <u>918.00</u>
Foot — Fracture or Dislocation		
<u>28080-00</u>	Excision of Morton neuroma; single each (MD/DO)	\$ 350.00 <u>381.00</u>
<u>28090-00</u>	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion) foot (MD/DO)	303.80 <u>316.30</u>
<u>28114-00</u>	<u>Osteotomy, complete excision; all metatarsal heads, with proximal phalangectomy, excluding first metatarsal (Clayton type procedure)</u>	<u>40.00</u>
<u>28190*00</u>	<u>Removal of foreign body, foot; subcutaneous</u>	<u>65.00</u>
<u>28285-00</u>	Hammertoe operation; one toe (for example, interphalangeal fusion, filleting, phalangectomy) (MD/DO)	385.00 <u>394.00</u>
<u>28290-00</u>	Hallux valgus (bunion) correction, with or without sesamoidectomy; simple extostectomy (silver type procedure) (MD/DO)	425.00 <u>478.50</u>
<u>28292-00</u>	Keller, McBride or Mayo type procedure	<u>675.00</u>
<u>28296-00</u>	with metatarsal osteotomy (Mitchell or Lapidus , <u>Chevron</u> , or <u>concentric</u> type procedure)	760.00 <u>840.00</u>
<u>28470-00</u>	Treatment of closed metatarsal fracture; without manipulation, each (MD/DO)	133.13 <u>128.25</u>
<u>28490-00</u>	Treatment of closed fracture great toe, phalanx, or phalanges; without manipulation (MD/DO)	50.00 <u>66.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

28510-00	Treatment of closed fracture, phalanx or phalanges, other than great toe; without manipulation, each (MD/DO)	51.25 <u>55.90</u>
----------	--	-------------------------------

Amputation

28820-00	Amputation, toe; metatarso phalangeal joint	\$ 300.00 <u>247.00</u>
----------	--	------------------------------------

Subp. 5. **Casts and strapping.** The following codes, service descriptions, and maximum fees apply to procedures associated with the application of casts and strapping. The services include the application and removal of the first cast or traction device only. Subsequent replacement of cast or traction device requires an additional listing. Codes for cast removal shall be employed only for casts applied by another physician.

Body and Upper Extremity Casts

Code	Service	Maximum Fee
29065-00	<u>Application</u> ; shoulder to hand (long arm) (MD/DO)	\$ 82.50 <u>84.00</u>
29075-00	elbow to finger (short arm) (MD/DO)	66.00 <u>70.00</u>
29085-00	hand and lower forearm (gauntlet) (MD/DO)	67.00 <u>70.00</u>

Splints

29105-00	Application of long arm splint (shoulder to hand) (MD/DO)	\$ 47.00 <u>49.00</u>
29125-00	Application of short arm splint (forearm to hand); static (MD/DO)	42.00
29130-00	<u>Application of finger splint; static</u>	<u>26.00</u>

Strapping — Any Age

29220-00	Strapping; low back (MD/DO)	\$ 21.00 <u>30.00</u>
29240-00	<u>shoulder (e.g. Velpeau)</u>	<u>50.00</u>
29260-00	elbow or wrist (MD/DO)	20.00
29325	Application of hip spica cast; bilateral, or one and one-half spica	282.00
29345-00	Application of long leg cast (thigh to toes) (MD/DO)	109.00 <u>111.00</u>
29355-00	walker or ambulatory type (MD/DO)	124.00 <u>127.00</u>
29365-00	Application of cylinder cast (thigh to ankle) (MD/DO)	85.00 <u>87.50</u>
29405-00	Application of short leg cast (below knee to toes) (MD/DO)	82.00 <u>85.00</u>
29425-00	walking or ambulatory type (MD/DO)	90.50 <u>96.00</u>
29435-00	Application of patellar tendon bearing (PTB) cast (MD/DO)	119.00 <u>124.00</u>
29440-00	Adding walker to previously applied cast (MD/DO)	32.25 <u>34.00</u>
29450-00	Application of clubfoot cast with molding or manipulation, long or short leg; unilateral (MD/DO)	52.00 <u>56.00</u>
29455-00	bilateral	100.00 <u>103.00</u>

Proposed Rules

Splints

29505-00	Application of long leg splint (thigh to ankle or toes) (MD/DO)	\$ 74.00 <u>62.00</u>
29515-00	Application of short leg splint (calf to foot) (MD/DO)	45.00 <u>50.00</u>

Strapping — Any Age

29530-00	Strapping; knee	\$ 48.00
29540-00	ankle (MD/DO)	<u>25.00</u>
29550-00	toes	<u>20.00</u>
29580-00	Unna boot (MD/DO)	<u>34.00</u>

Removal or Repair

29700-00	Removal or bivalving; gauntlet, boot or body cast	\$33.20
29705-00	full arm or full leg cast	<u>30.00</u>
29720-00	Repair of spica, body cast, or jacket (MD/DO)	\$ 20.00 <u>21.00</u>

Arthroscopy

29870-00	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	\$500.00
29874-00	Arthroscopy, knee, surgical; for infection, lavage and drainage; for removal of loose body or foreign body (for example, osteochondritis dissecans fragmentation, chondral fragmentation) (MD/DO)	\$ 1,310.00
29875-00	synovectomy, limited (for example, plica or shelf resection) (MD/DO)	1,210.00 <u>1,225.00</u>
29877-00	debridement/shaving of articular cartilage (chondroplasty) (MD/DO)	1,400.00 <u>1,416.00</u>
29879-00	abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling	<u>15.25</u>
29881-00	with meniscectomy (medial or lateral including any meniscal shaving) (MD/DO)	1,450.00

Subp. 6. **Respiratory system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the respiratory system.

Code	Service	Maximum Fee
30100-00	Biopsy, intranasal	<u>88.50</u>
30110-00	Excision, nasal polyp(s), simple; unilateral	<u>120.00</u>
30116-00	Excision, nasal polyp(s), extensive; bilateral	<u>505.00</u>
30200*00	Injection into turbinate(s), therapeutic	<u>40.50</u>
30300*00	Removal foreign body, intranasal; office type procedure(MD/DO)	\$ 35.00 <u>39.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Nose — Repair

<u>30420-00</u>	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, or elevation of nasal tip, including major septal repair (MD/DO)	2,045.00 <u>2,250.00</u>
<u>30520-00</u>	Septoplasty <u>or submucous resection,</u> with or without cartilage with or without cartilage implant (separate procedure) <u>scoring, contouring, or</u> <u>replacement with graft (MD/DO)</u>	921.00 <u>970.00</u>
<u>30800*00</u>	<u>Cauterization turbinates, unilateral or</u> <u>bilateral (separate procedure); superficial</u>	<u>30.00</u>

Other Procedures

<u>30901*00</u>	Control nasal hemorrhage, anterior, simple (cauterization); unilateral (MD/DO)	\$ 49.00 <u>50.00</u>
<u>30902*00</u>	<u>bilateral</u>	<u>70.00</u>
<u>30903*00</u>	Control nasal hemorrhage, anterior, complex (cauterization with local anesthesia and packing); unilateral (MD/DO)	95.00 <u>90.00</u>
<u>31000*00</u>	<u>Lavage by cannulation; maxillary sinus,</u> <u>unilateral (antrum puncture or</u> <u>natural ostium)</u>	<u>47.00</u>
<u>31021-00</u>	<u>Sinusotomy, maxillary (antrotomy);</u> <u>intranasal, bilateral</u>	<u>550.00</u>

Larynx

<u>31500-00</u>	Intubation, endotracheal, emergency procedure (MD/DO)	\$ 95.00 <u>119.00</u>
<u>31505-00</u>	Laryngoscopy, indirect; diagnostic (MD/DO)	35.00 <u>37.00</u>
<u>31525-00</u>	Laryngoscopy, direct; diagnostic, except newborn (MD/DO)	291.00 <u>106.00</u>
<u>31535</u>	Laryngoscopy, direct; operative, with biopsy	470.00
<u>31536-00</u>	<u>Laryngoscopy, direct, operative, with</u> <u>biopsy; with operating microscope</u>	<u>560.50</u>
<u>31541-00</u>	<u>Laryngoscopy, direct, operative, with</u> <u>excision of tumor and/or stripping of</u> <u>vocal cords or epiglottis</u>	<u>660.00</u>
<u>31575-00</u>	Laryngoscopy, flexible fiberoptic; diagnostic (MD/DO)	74.00 <u>75.00</u>

Trachea and Bronchi

<u>31600-00</u>	Tracheostomy, planned (separate procedure) (MD/DO)	\$ 425.00 <u>505.00</u>
31620 <u>31622-00</u>	Bronchoscopy; diagnostic, (<u>flexible or rigid</u>), bronchoscope <u>with or without cell washing</u> <u>or brushing (MD/DO)</u>	450.00 <u>465.00</u>

Proposed Rules

31624	diagnostic, fiberoptic bronchoscope (flexible)	449.50
<u>31625-00</u>	<u>with biopsy (MD/DO)</u>	<u>470.00</u>
31626	with biopsy, fiberoptic bronchoscope (flexible)	470.00
31627	with brushing, fiberoptic bronchoscope (flexible)	450.00
<u>31628-00</u>	with transbronchial lung biopsy, fiberoptic bronchoscope (flexible) under with or without fluoroscopic guidance	493.75 <u>555.00</u>

Lungs

32000*00	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent (MD/DO)	\$ 415.50 <u>120.00</u>
<u>32020-00</u>	Tube thoracotomy with water seal (for example, pneumothorax, hemothorax, empyema)(separate procedure) (MD/DO)	420.00 <u>399.00</u>
<u>32100-00</u>	<u>Thoracotomy, major; with exploration and biopsy</u>	<u>1,600.00</u>
<u>32405-00</u>	<u>Biopsy, lung, percutaneous needle</u>	<u>313.00</u>
<u>32480-00</u>	<u>Lobectomy, total or segmental (MD/DO)</u>	<u>1,840.00</u>
<u>32500-00</u>	<u>Wedge resection of lung, single or multiple</u>	<u>1,480.00</u>

Subp. 7. **Cardiovascular system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the cardiovascular system. Injection procedures include necessary local anesthesia, introduction of needles or catheter, injection of contrast medium with or without automatic power injection, or necessary pre- and postinjection care specifically related to the injection procedure. Catheters, drugs, and contrast media are not included in the listed service for the injection procedures.

Heart

Code	Service	Maximum Fee
<u>33206-00</u>	<u>Insertion of permanent pacemaker with transvenous electrode(s); atrial</u>	<u>\$1,480.00</u>
<u>33207-00</u>	<u>ventricular</u>	<u>1,552.00</u>
<u>33210-00</u>	Insertion of temporary transvenous cardiac electrode, or pacemaker catheter (MD/DO)	\$ 429.00 <u>506.00</u>
<u>33212-00</u>	<u>Insertion or replacement of pulse generator only</u>	<u>770.00</u>
<u>33405-00</u>	<u>Replacement, aortic valve, with cardiopulmonary bypass</u>	<u>4,259.00</u>

Coronary Artery Procedures

<u>33511-00</u>	<u>Coronary artery bypass, autogenous graft (e.g. saphenous vein or internal mammary artery); two coronary grafts (MD/DO)</u>	<u>\$4,900.00</u>
-----------------	---	-------------------

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

33512-00	Coronary artery bypass; autogenous graft (for example, saphenous vein or internal mammary artery); three coronary arteries grafts (MD/DO)	\$4,970.00	4,900.00
33513-00	four coronary grafts		5,570.00
33514-00	five coronary grafts		6,224.00
Vascular Injection Procedures — Venous			
36000*00	Introduction of needle or intracatheter, vein; unilateral (MD/DO)	\$ 23.00	63.00
36010-00	Introduction of catheter; in superior or inferior vena cava, right heart or pulmonary artery (MD/DO)		331.00
36140-00	Introduction of needle or intracatheter; extremity artery		274.61
36200-00	Introduction of catheter, aorta (arch, abdominal, midstream renal, aortiliac run-off) or selective; initial placement		330.50
36215-00	each additional selective thoracic and/or cerebral artery catheter placement (e.g. vertebral or carotid)		448.00
36230-00	coronary artery, selective, unilateral or bilateral		449.28
36245-00	each additional selective abdominal artery catheter placement (e.g. celiac artery, gastroduodenal artery, inferior mesenteric artery, renal artery)		441.00
36410*00	Venipuncture, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes. Not to be used for routine venipuncture		44.10
36415*00	Routine venipuncture for collection of specimen(s) (MD/DO)	8.00	7.60
36430-00	Transfusion, blood or blood (MD/DO) components;		70.50
36431	Transfusion, blood or blood components; direct		27.30
36470*00	Injection of sclerosing solution; single vein		42.00
36471*00	Injection of sclerosing solution; multiple veins, same leg (MD/DO)	36.50	50.00
36480*	Catheterization, subclavian, external jugular or other vein, for central venous pressure determination; percutaneous		105.00
36489*00	Placement of central venous catheter (subclavian, jugular, or other vein) (for example, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2	125.00	133.20

Proposed Rules

36540	Catheterization of umbilical vein for diagnosis or therapy; newborn	100.00
36520-00	Therapeutic apheresis (plasma and/or cell exchange) (MD/DO)	150.00 156.00

Vascular Injection Procedures — Arterial

36600*00	Arterial puncture, withdrawal of blood for diagnosis	47.00
36620-00	Arterial catheterization or cannulation for sampling, monitoring, or transfusion (separate procedure); percutaneous	\$ 125.00 117.00
36660	Arterial catheterization, umbilical artery; newborn, for diagnosis or therapy	150.00
36800-00	Insertion of cannula for hemodialysis, other purpose; vein to vein	410.00
36830-00	Creation of arteriovenous fistula; nonautogenous graft	1,255.00
37609-00	Ligation or biopsy, temporal artery	280.00
37720-00	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, slip, extravascular, intravascular (umbrella device)	650.00
37721-00	Ligation and division and complete stripping of long or short saphenous veins; bilateral	921.00
37730-00	Ligation and division and complete stripping of long and short saphenous veins; unilateral	830.00
37731-00	bilateral	1,256.00

Subp. 8. **Hemic and lymphatic systems.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the hemic (blood) and lymphatic systems.

Code	Service	Maximum Fee
38100-00	Splenectomy; total	\$ 1,500.00
38500-00	Biopsy or excision of lymph node superficial (separate procedure)	180.00
38510-00	deep cervical nodes	366.00

Mediastinum and Diaphragm

39400-00	Mediastinoscopy, with or without biopsy	540.00
----------	---	--------

Subp. 8- 9. **Digestive system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the digestive system.

Abdomen, Peritoneum, and Omentum — Repair, Hernioplasty, Herniorrhaphy, Herniotomy

Spleen

Code	Service	Maximum Fee
38400	Splenectomy; total	\$ 1,015.00

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>40490-00</u>	<u>Biopsy of lip</u>	<u>\$102.00</u>
<u>40808-00</u>	<u>Biopsy, vestibule of mouth</u>	<u>70.00</u>
<u>40812-00</u>	<u>Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair</u>	<u>151.50</u>
<u>41010-00</u>	<u>Incision of lingual frenum (frenotomy)</u>	<u>41.50</u>
<u>42330-00</u>	<u>Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral</u>	<u>120.00</u>
<u>42415-00</u>	<u>Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve</u>	<u>1,795.00</u>
<u>42700*00</u>	<u>Incision and drainage abscess; peritonsillar</u>	<u>103.75</u>
<u>42809-00</u>	<u>Removal of foreign body from pharynx</u>	<u>72.00</u>
<u>42821-00</u>	<u>Tonsillectomy and adenoidectomy; age 12 or over</u>	<u>462.00</u>
<u>42826-00</u>	<u>Tonsillectomy, primary or secondary; age 12 or over</u>	<u>475.00</u>

Esophagus

Code	Service	Maximum Fee
<u>43200-00</u>	<u>Esophagoscopy, rigid or flexible fiberoptic (specify); diagnostic procedure</u>	<u>\$ 350.00 304.00</u>
<u>43215-00</u>	<u>Esophagoscopy, rigid or flexible fiberoptic (specify); for removal of a foreign body</u>	<u>490.00</u>
<u>43220-00</u>	<u>for dilation, direct</u>	<u>585.00</u>
<u>43234-00</u>	<u>Upper gastrointestinal endoscopy, simple primary examination (e.g., gastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible fiberscope)</u>	<u>439.16</u>
<u>43235-00</u>	<u>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic</u>	<u>343.00 350.00</u>
<u>43239-00</u>	<u>For biopsy and/or collection or specimen by brushing or washing</u>	<u>374.00 406.00</u>
<u>43245-00</u>	<u>Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; for dilation of gastric outlet for obstruction</u>	<u>508.00</u>
<u>43246-00</u>	<u>for directed placement of percutaneous gastrostomy tube</u>	<u>695.00</u>
<u>43247-00</u>	<u>for removal of foreign body</u>	<u>500.00</u>
<u>43255-00</u>	<u>for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation)</u>	<u>473.00</u>
<u>43260-00</u>	<u>Endoscopic retrograde cholangiopancreatography (ERCP), with or without specimen collection</u>	<u>536.00</u>

Proposed Rules

43262-00	<u>for sphincterotomy/papillotomy</u>	1,023.00
43450*00	Dilation esophagus, by unguided sounds(s) or bougie(s), <u>single or multiple passes</u> ; indirect ; initial session	84.00
43451*00	subsequent session	64.00 70.00
43520-00	<u>Pyloromyotomy, cutting of pyloric muscle</u> <u>(Fredet-Tamstedt type operation)</u>	965.00
43635-00	<u>Hemigastrectomy or distal subtotal</u> <u>gastrectomy including pyloroplasty,</u> <u>gastroduodenostomy or</u> <u>gastrojejunostomy; with vagotomy, any type</u>	1,750.00

Stomach

Code	Service	Maximum Fee
43760*00	Change of gastrostomy tube; <u>simple (MD/DO)</u>	\$ 47.50 50.00
43830-00	Gastrostomy, temporary (tube, rubber, or plastic)(separate procedure); neonatal ; <u>for feeding (MD/DO)</u>	632.00 700.00
43846-00	Gastric bypass with Roux-en-Y gastroenterostomy for morbid obesity (MD/DO)	2,625.00 2,593.00

Intestines

Code	Service	Maximum Fee
44000	Enterolysis, freeing of intestinal adhesion	\$ 840.00
44005-00	<u>Enterolysis (freeing of intestinal</u> <u>adhesion) with for acute bowel</u> <u>obstruction</u>	1,094.25 1,056.00
44100-00	<u>Biopsy of intestine by capsule, tube,</u> <u>peroral (1 or more specimens)</u>	208.00
44120-00	<u>Enterectomy, resection of small intestine;</u> <u>with anastomosis</u>	1,480.00
44140-00	Colectomy, partial; with anastomosis (MD/DO)	1,401.25 1,550.00
44143-00	<u>with end colostomy and closure of</u> <u>distal segment (Hartmann type</u> <u>procedure</u>	1,544.00
44145-00	<u>with coloproctostomy (low pelvic</u> <u>anastomosis)</u>	1,901.00
44160-00	<u>Colectomy with removal of terminal ileum</u> <u>and ileocolostomy</u>	1,992.00
44950-00	Appendectomy (MD/DO)	700.00 741.00
44960-00	for ruptured appendix with abscesses or generalized peritonitis (MD/DO)	850.00 890.00

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>45110-00</u>	<u>Proctectomy; complete, combined abdominoperineal, with colostomy, 1 or 2 stages</u>	2,179.40
<u>45300-00</u>	<u>Proctosigmoidoscopy; diagnostic (MD/DO)</u>	63.00 <u>60.00</u>
<u>45305-00</u>	<u>for biopsy</u>	<u>100.00</u>
<u>45310-00</u>	<u>Proctosigmoidoscopy; for removal of polyp or papilloma</u>	<u>130.00</u>
<u>45315-00</u>	<u>for removal of multiple excrescences, papillomata or polyps</u>	<u>150.00</u>
<u>45330-00</u>	<u>Sigmoidoscopy, flexible fiberoptic; diagnostic (MD/DO)</u>	100.00 <u>103.00</u>
<u>45331-00</u>	<u>for biopsy and/or collection of specimen by brushing or washing (MD/DO)</u>	147.00 <u>159.00</u>
<u>45333-00</u>	<u>Sigmoidoscopy, flexible fiberoptic; for removal of polypoid lesions(s)</u>	<u>193.50</u>
<u>45355-00</u>	<u>Colonoscopy, with standard sigmoidoscope, transabdominal via colotomy, single or multiple</u>	<u>120.00</u>
<u>45378-00</u>	<u>Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic procedure (MD/DO)</u>	475.00 <u>500.00</u>
<u>45380-00</u>	<u>for biopsy and/or collection of specimen by brushing or washing (MD/DO)</u>	555.00 <u>601.00</u>
<u>45383-00</u>	<u>Colonoscopy, fiberoptic, beyond splenic flexure; for ablation of tumor or mucosal lesion (e.g., electrocoagulation, laser photocoagulation, hot biopsy/fulguration)</u>	<u>572.00</u>
<u>45385-00</u>	<u>for removal of polypoid lesion(s) (MD/DO)</u>	620.00 <u>657.00</u>
<u>45505-00</u>	<u>Proctoplasty; for prolapse of mucous membrane (MD/DO)</u>	770.00 <u>750.00</u>
<u>46040-00</u>	<u>Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)</u>	<u>280.00</u>
<u>46050*00</u>	<u>Incision and drainage, perianal abscess, superficial</u>	<u>105.00</u>
<u>46083-00</u>	<u>Incision of thrombosed hemorrhoid, external</u>	<u>66.00</u>
<u>46220-00</u>	<u>Papillectomy or excision of single tag, anus (separate procedure)</u>	<u>90.00</u>
<u>46221-00</u>	<u>Hemorrhoidectomy, by simple ligature (e.g. rubber band)</u>	<u>97.00</u>
<u>46230-00</u>	<u>Excision of external hemorrhoid tags and/or multiple papillae</u>	<u>96.00</u>
<u>46255-00</u>	<u>Hemorrhoidectomy, internal and external, simple (MD/DO)</u>	625.00 <u>609.50</u>
<u>46260-00</u>	<u>Hemorrhoidectomy, internal and external, complex or extensive</u>	<u>700.00</u>
<u>46275-00</u>	<u>Fistulectomy; submuscular (MD/DO)</u>	<u>760.00</u>

Proposed Rules

<u>46320*00</u>	Enucleation or excision of external thrombotic hemorrhoid	70.43 <u>81.00</u>
<u>46500*00</u>	<u>Injection of sclerosing solution, hemorrhoids</u>	<u>55.00</u>
<u>46600-00</u>	<u>Anoscopy; diagnostic (separate procedure)</u>	<u>29.00</u>
<u>46910*00</u>	<u>Destruction of lesion(s), anus (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation</u>	<u>85.00</u>
<u>46945-00</u>	<u>Ligation of internal hemorrhoids; single procedure</u>	<u>91.00</u>
<u>46946-00</u>	<u>multiple procedures</u>	<u>73.00</u>
Liver		
Code	Service	Maximum Fee
<u>47000*00</u>	<u>Biopsy of Liver; percutaneous needle (MD/DO)</u>	<u>182.00</u>
<u>47600-00</u>	Cholecystectomy	\$
		+1,071.75 <u>1,185.00</u>
<u>47605-00</u>	with cholangiography (MD/DO)	+1,250.00 <u>1,296.00</u>
<u>47610-00</u>	Cholecystectomy with exploration of common duct (MD/DO)	+1,330.00 <u>1,400.00</u>
<u>49000-00</u>	Exploratory laparotomy, exploratory celiotomy (MD/DO)	749.75 <u>790.00</u>
<u>49080*00</u>	<u>Peritoneocentesis, abdominal paracentesis; initial</u>	<u>100.00</u>
<u>49420*</u>	<u>Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary</u>	<u>250.00</u>
<u>49500</u>	<u>Repair inguinal hernia, under age 5 years, with or without hydrocelectomy</u>	<u>608.00</u>
<u>49505-00</u>	Repair inguinal hernia, age 5 or over; <u>unilateral (MD/DO)</u>	695.00 <u>728.00</u>
<u>49515</u>	<u>with excision of hydrocele or spermatocele</u>	<u>900.00</u>
<u>49520-00</u>	<u>Repair inguinal hernia; recurrent (MD/DO)</u>	805.00 <u>895.00</u>
<u>49525-00</u>	<u>sliding</u>	<u>920.50</u>
<u>49530-00</u>	<u>incarcerated</u>	900.00 <u>870.00</u>
<u>49550-00</u>	Repair femoral hernial groin incision (MD/DO)	672.00 <u>700.00</u>
<u>49560-00</u>	Repair ventral (incisional) hernia (separate procedure) (MD/DO)	780.00 <u>805.00</u>
<u>49565-00</u>	Repair ventral (incisional) hernia (separate procedure); recurrent (MD/DO)	931.00 <u>1,020.00</u>
<u>49580-00</u>	Repair umbilical hernia; under age 5 years	510.00
<u>49581-00</u>	Repair umbilical hernia; age 5 or over	595.00 <u>640.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Subp. 10. Urinary system. The following codes, service descriptions, and maximum fees apply to surgical procedures of the urinary system.

Kidney		
Code	Service	Maximum Fee
50200*00	Renal biopsy, percutaneous trocar or needle (MD/DO)	\$ 350.00 <u>353.50</u>
<u>50230-00</u>	<u>Nephrectomy, including partial ureterectomy, any approach including rib resection; radical, with regional lymphadenectomy</u>	<u>1,821.00</u>
<u>50360-00</u>	<u>Renal homotransplantation, implantation of graft; excluding donor and recipient nephrectomy</u>	<u>3,094.00</u>
<u>50394-00</u>	<u>Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter (separate procedure)</u>	<u>50.00</u>
<u>50590-00</u>	<u>Lithotripsy, extracorporeal shock wave</u>	<u>2,000.00</u>
<u>50690-00</u>	<u>Injection procedure for visualization of ilial conduit and/or ureteropyelography, exclusive of radiologic service (separate procedure)</u>	<u>30.50</u>
<u>51600*00</u>	<u>Injection procedure for cystography or voiding urethrocystography (MD/DO)</u>	47.00 <u>18.56</u>
<u>51605-00</u>	<u>Injection procedure and placement of chain for contrast and/or chain urethrocystography</u>	<u>49.51</u>
<u>51610-00</u>	<u>Injection procedure for retrograde urethrocystography</u>	<u>29.00</u>
<u>51700*00</u>	<u>Bladder irrigation, simple, lavage and/or instillation</u>	<u>34.00</u>
<u>51705*00</u>	<u>Change of cystostomy tube; simple (MD/DO)</u>	39.00 <u>39.40</u>
<u>51720-00</u>	<u>Bladder instillation of anticarcinogenic agent (including detention time)</u>	<u>81.20</u>
<u>51725</u>	<u>Simple cystometrogram (CMG) (for example, spinal manometer)</u>	<u>70.00</u>
<u>51726-00</u>	<u>Complex cystometrogram (for example, calibrated electronic equipment) (MD/DO)</u>	75.00 <u>104.00</u>
<u>51736</u>	<u>Simple uroflowmetry</u>	<u>70.00</u>
<u>51741-00</u>	<u>Complex uroflowmetry</u>	<u>60.00</u>
<u>51840-00</u>	<u>Anterior vesicourethropepy, or urethropepy; simple</u>	1,098.00 <u>1,113.00</u>
<u>51841-00</u>	<u>Anterior vesicourethropepy, or urethropepy (Marshall-Marchetti-Krantz type); complicated (e.g., secondary repair)</u>	<u>1,250.00</u>
<u>51845-00</u>	<u>Abdomino-vaginal vesical neck suspension, with or without endoscopic control (e.g., Stamey, Raz, modified Pereyra)</u>	<u>1,400.00</u>
<u>52000-00</u>	<u>Cystourethroscopy, office (separate procedure) (MD/DO)</u>	140.00 <u>131.00</u>

Proposed Rules

52204	Cystourethroscopy with biopsy; office	463.63
<u>52005-00</u>	<u>Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service</u>	<u>250.00</u>
<u>52204-00</u>	<u>Cystourethroscopy with biopsy</u>	<u>186.00</u>
<u>52214-00</u>	<u>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands)</u>	<u>297.00</u>
<u>52224-00</u>	<u>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy</u>	<u>290.00</u>
<u>52234-00</u>	<u>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 to 2.0 cm)</u>	<u>530.00</u>
<u>52235-00</u>	<u>MEDIUM bladder tumor(s) (2.0 to 5.0 cm)</u>	<u>820.00</u>
<u>52240-00</u>	<u>LARGE bladder tumor(s)</u>	<u>1,200.00</u>
<u>52260-00</u>	<u>Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia</u>	<u>216.00</u>
<u>52281-00</u>	Cystourethroscopy, with calibration and/or dilation or urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female; office (MD/DO)	230.00 <u>227.00</u>
<u>52310-00</u>	<u>Cystourethroscopy, with removal of foreign body, calculus, or urethral stent from urethra or bladder (separate procedure); simple</u>	<u>322.00</u>
<u>52320-00</u>	Cystourethroscopy; with removal of ureteral calculus (MD/DO)	548.75 <u>517.00</u>
<u>52332-00</u>	Cystourethroscopy, with insertion of indwelling ureteral stent (MD/DO)	349.00 <u>360.00</u>
<u>52336-00</u>	<u>Cystourethroscopy, with ureteroscopy and/or pyeloscopy (includes dilation of the ureter by any method; with removal or manipulation of calculus) (ureteral catheterization is included)</u>	<u>1,300.00</u>
<u>52340-00</u>	<u>Cystourethroscopy with incision, fulguration, or resection of bladder neck and/or posterior urethra (congenital valves, obstructive hypertrophic musocal folds)</u>	<u>500.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>52500-00</u>	<u>Transurethral resection of bladder neck</u> <u>(separate procedure)</u>	<u>785.00</u>
<u>52601-00</u>	<u>Transurethral resection of prostate, including</u> <u>control of post-operative bleeding, complete</u> <u>(vasectomy, meatotomy, cysto-urethroscopy,</u> <u>urethral calibration and/or dilation, and</u> <u>internal urethrotomy are included)</u>	<u>1,325.50</u>
<u>53600*00</u>	Dilation of urethral stricture by passage of sound or <u>urethral dilator</u> , male; initial (MD/DO)	37.00 <u>36.00</u>
<u>53601*00</u>	<u>Dilation of urethral stricture by passage of</u> <u>sound or urethral dilator, male; subsequent</u>	<u>27.80</u>
<u>53620*00</u>	<u>Dilation of urethral stricture by passage of</u> <u>filiform and follower, male; initial</u>	<u>57.60</u>
<u>53621*00</u>	<u>subsequent</u>	<u>35.35</u>
<u>53660*00</u>	Dilation of female urethra including suppository and/or instillation; initial (MD/DO)	29.00 <u>28.00</u>
<u>53661-00</u>	<u>subsequent (MD/DO)</u>	28.00 <u>30.00</u>
<u>53670*00</u>	Catheterization; <u>urethral</u> ; simple	35.00 <u>25.00</u>

Subp. 10. Reproductive system. The following codes, service descriptions, and maximum fees apply to surgical procedures of the reproductive system.

Male Reproductive System

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>54055*00</u>	<u>Destruction of lesions(s), penis (e.g., condyloma,</u> <u>papilloma molluscum contagiosum, herpetic vesical),</u> <u>simple; electrodesiccation</u>	<u>\$65.00</u>
<u>54240-00</u>	<u>Penile plethysmography</u>	<u>80.00</u>
<u>54521-00</u>	<u>Orchiectomy, simple (including subcapsular),</u> <u>with or without testicular prosthesis, scrotal</u> <u>or inguinal approach; bilateral</u>	<u>550.00</u>
<u>54640-00</u>	Orchiopexy, any type, with or without hernia repair; unilateral (MD/DO)	855.00 <u>890.00</u>
<u>54840-00</u>	<u>Excision of spermatocele, with or without</u> <u>epididymectomy</u>	<u>600.00</u>
<u>55000*00</u>	<u>Puncture aspiration of hydrocele, tunica</u> <u>vaginalis, with or without injection of</u> <u>medication</u>	<u>39.00</u>
<u>55040-00</u>	Excision of hydrocele; unilateral (MD/DO)	560.00 <u>550.00</u>
<u>55700-00</u>	<u>Biopsy, prostate; needle or punch, single</u> <u>or multiple, any approach</u>	<u>134.00</u>
<u>58980</u>	Laparoscopy for visualization of pelvic viscera	<u>550.00</u>
<u>55845-00</u>	<u>Prostatectomy, retropubic radical; with</u> <u>bilateral pelvic lymphadenectomy, including</u> <u>external iliac, hypogastric and obturator</u> <u>nodes</u>	<u>2,500.00</u>

Proposed Rules

Female Reproductive System

56420*00	<u>Incision and drainage of Bartholin's gland abscess, unilateral</u>	\$ 104.00
56440-00	<u>Marsupialization of Bartholin's gland cyst</u>	347.00
56501-00	<u>Destruction of lesion(s), vulva; simple, any method</u>	40.00
56600*00	<u>Biopsy of vulva (separate procedure)</u>	77.00
57061-00	<u>Destruction of vaginal lesion(s); simple, any method</u>	48.00
57100*00	<u>Biopsy of vaginal mucosa; simple, (separate procedure)</u>	70.00
57150*00	<u>Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease</u>	18.00
57160*00	<u>Insertion of pessary</u>	25.00
57260-00	<u>Combined anteroposterior colporrhaphy</u>	1,030.00
57265-00	<u>with enterocele repair</u>	1,065.00
57452*00	<u>Colposcopy (vaginoscopy); (separate procedure)</u>	118.00
57454*00	<u>with biopsies, or biopsy of the cervix</u>	140.00
57500*00	<u>Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)</u>	72.00
57510-00	<u>Cauterization of cervix; electro or thermal</u>	72.00
57511*00	<u>cryocautery, initial or repeat</u>	81.00
57513-00	<u>laser surgery</u>	450.00
57520-00	<u>Biopsy of cervix, circumferential (cone), with or without dilation and curettage, with or without Sturmdorff type repair</u>	466.00
57700-00	<u>Cerclage of uterine cervix (tracheloplasty)</u>	499.00
58100*00	<u>Endometrial biopsy, suction type (separate procedure)</u>	76.00
58102-00	<u>Office endometrial curettage</u>	103.00
58120-00	<u>Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)</u>	320.00
58150-00	<u>Total hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s) (MD/DO)</u>	1,199.25 1,280.00
58152-00	<u>with clopo-urethrocystopexy (Marshall-Marchetti-Krantz type)</u>	1,875.00
58260-00	<u>Vaginal hysterectomy (MD/DO)</u>	1,116.00 1,250.00
58265-00	<u>with plastic repair of vagina, anterior and/or posterior colporrhaphy (MD/DO)</u>	1,375.00 1,450.00

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>58340-00</u>	<u>Injection procedure for hysterosalpinography</u>	<u>85.30</u>
<u>58720-00</u>	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (MD/DO)	860.00 <u>905.00</u>
<u>58925-00</u>	<u>Ovarian cystectomy, unilateral or bilateral</u>	<u>931.00</u>
<u>58940-00</u>	<u>Oophorectomy, partial or total, unilateral or bilateral</u>	<u>950.00</u>
<u>58980-00</u>	Laparoscopy for visualization of pelvic viscera (MD/DO)	550.00 <u>585.00</u>
<u>58982-00</u>	<u>with fulguration of oviducts</u> <u>(with or without transection)</u>	<u>675.00</u>
<u>58983-00</u>	<u>with occlusion of oviducts by device</u> <u>(e.g., band, clip, or Falope ring)</u>	<u>773.00</u>
<u>58984-00</u>	<u>with fulguration of ovarian or peritoneal lesions by any method</u>	<u>750.00</u>
<u>58985-00</u>	<u>with lysis of adhesions</u>	<u>686.00</u>
<u>58987-00</u>	<u>with aspiration (single or multiple)</u>	<u>926.00</u>

Subp. 12. **Endocrine system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the endocrine (glandular) system.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>60100-00</u>	<u>Biopsy thyroid, percutaneous needle</u>	<u>\$ 123.50</u>
<u>60220-00</u>	<u>Total thyroid lobectomy, unilateral</u>	<u>1,100.00</u>
<u>60245-00</u>	<u>Thyroidectomy, subtotal or partial</u>	<u>1,223.00</u>
<u>60500-00</u>	<u>Parathyroidectomy or exploration of parathyroid(s)</u>	<u>1,602.00</u>

Subp. 9- 13. **Nervous system.** The following codes, service descriptions, and maximum fees apply to surgical procedures of the nervous system.

<u>Code</u>	<u>Service</u>	<u>Maximum Fee</u>
<u>61310-00</u>	Craniectomy or craniotomy, evacuation of hematoma, extradural, subdural, or intracerebral; supratentorial (MD/DO)	<u>\$ 2,625.00</u>
<u>61510-00</u>	<u>Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma</u>	<u>2,845.00</u>
<u>62223-00</u>	<u>Creation of shunt; ventriculo-peritoneal, -pleural, -other terminus</u>	<u>1,690.00</u>

Spine and Spinal Cord — Puncture for Injection, Drainage, or Aspiration

<u>62270*00</u>	Spinal puncture lumbar diagnostic (MD/DO)	\$ 90.00 <u>100.00</u>
<u>62273*00</u>	Injection lumbar epidural, of blood or clot patch (MD/DO)	200.00 <u>240.00</u>
<u>62279*00</u>	<u>epidural or caudal, continuous</u>	<u>275.00</u>
<u>62284*00</u>	Injection procedure for myelography and computerized axial tomography, spinal or posterior fossa (MD/DO)	<u>135.20</u>
<u>62289*00</u>	Injection of substance other than anesthetic, contrast, or neurolytic solutions, epidural or caudal (MD/DO)	240.00 <u>256.00</u>

Proposed Rules

62292 Injection procedure for
chemonucleolysis; intervertebral disk;
single or multiple levels; lumbar 1,775.00

Spine and Spinal Cord — Laminectomy or Laminotomy, for Exploration or Decompression

63005-00 Laminectomy for
exploration/decompression of
spinal cord and/or ~~cauda~~ cauda,
equina, one or two segments;
lumbar, except for
spondylolisthesis (MD/DO) \$2,060.00 2,420.00

63020-00 Laminotomy (hemilaminectomy), for
excision of ~~herniated intervertebral~~
disk, and/or decompression of nerve
root, including partial facetectomy,
foraminotomy and/or excision of
herniated intervertebral disk;
one interspace, cervical,
unilateral (MD/DO) 2,025.00 2,075.00

63030-00 Laminotomy (hemilaminectomy),
for ~~herniated intervertebral disk~~,
or decompression of nerve root;
one interspace, lumbar,
unilateral (MD/DO) 1,936.00 2,005.00

63042-00 Laminotomy (hemilaminectomy), for
~~herniated intervertebral disk~~, or
decompression of nerve root; any level;
~~extensive or~~ reexploration;
lumbar (MD/DO) 2,150.00 2,586.00

Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System — ~~Exploration, Neurolysis,~~ ~~or Nerve Decompression (Neuroplasty)~~

64405*00 Injection, anesthetic agent; greater
occipital nerve 114.00

64421 Injection, anesthetic agent; intercostal
nerves, multiple, regional block \$ 130.00

64442-00 Injection, anesthetic agent;
paravertebral facet joint nerve,
lumbar, single level 120.00

64450*00 Injection, anesthetic agent; other
peripheral nerve or branch (MD/DO) 110.00 84.00

64510*00 Injection, anesthetic agent; stellate
ganglion (cervical sympathetic) 255.00

64520*00 lumbar or thoracic (paravertebral
sympathetic) 169.70

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

64550-00	<u>Application of surface (transcutaneous) neurostimulator (MD/DO)</u>	45.00
64640-00	<u>Destruction by neurolytic agent; other peripheral nerve or branch</u>	324.00
64718-00	Neurolysis or transposition; ulnar nerve at elbow (MD/DO)	884.00 1,015.00
64721-00	median nerve at carpal tunnel (MD/DO)	645.00 728.00
64831	<u>Suture of digital nerve, hand or foot; one nerve</u>	450.00

Eye and Ocular Adnexa — Removal of Ocular Foreign Body

Subp. 14. Eye and ocular adnexa. The following codes, service descriptions and maximum fees apply to surgical procedures involving the eye and ocular adnexa.

65205*00	Removal foreign body, external eye; conjunctival superficial (MD/DO)	\$ 40.80 45.00
65210*00	conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating (MD/DO)	50.00
65220*00	corneal, without slit lamp (MD/DO)	50.00 52.00
65222*00	corneal, with slit lamp (MD/DO)	60.00 61.80
65420-00	Excision or transposition of pterygium; without graft (MD/DO)	437.50 545.00
65435*00	<u>Removal of corneal epithelium; with or without chemo-cauterization (abrasion, curettage)</u>	51.90
65855-00	<u>Trabeculoplasty by laser surgery, (1 or more sessions) (defined treatment series)</u>	693.00
66761-00	<u>Iridotomy by photocoagulation (1 or more sessions) (e.g., for glaucoma)</u>	650.00
66762-00	<u>Coreoplasty by photocoagulation (1 or more sessions) (e.g., for improvement of vision)</u>	600.00
66802-00	<u>Discission of lens capsule; laser surgery (one or more stages)</u>	600.00
66820-00	<u>Discission of secondary membranous cataract ("after cataract"), and/or anterior hyaloid; incisional technique (Ziegler or Wheeler Knife)</u>	547.00
66821-00	laser surgery (one or more stages)	700.00
66940-00	<u>Extraction of lens with or without iridectomy; extracapsular</u>	1,682.00
66983-00	<u>Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)</u>	1,770.00
66984-00	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure) (MD/DO)	1,850.00 1,763.50
66985-00	<u>Insertion of intraocular lens subsequent to cataract removal (separate procedure)</u>	1,287.50

Proposed Rules

<u>67036-00</u>	<u>Vitrectomy, mechanical, pars plana approach</u>	<u>3,025.00</u>
<u>67105-00</u>	<u>Repair of retinal detachment, 1 or more sessions, same hospitalization; photocoagulation (laser or xenon arc, 1 or more sessions) with drainage of subretinal fluid</u>	<u>556.00</u>
<u>67107-00</u>	<u>scleral buckling (such as lamellar excision, imbrication or encircling procedure), with or without implant</u>	<u>2,080.00</u>
<u>67145-00</u>	<u>Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)</u>	<u>700.00</u>
<u>67210-00</u>	<u>Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), 1 or more sessions; photocoagulation (laser or xenon arc)</u>	<u>975.00</u>
<u>67226</u>	<u>Destruction of progressive retinopathy, one or more stages; photocoagulation, laser</u>	<u>650.00</u>
<u>67227-00</u>	<u>Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), 1 or more sessions; cryotherapy, diathermy</u>	<u>818.00</u>
<u>67228-00</u>	<u>photocoagulation (laser or xenon arc)</u>	<u>778.00</u>
<u>67311-00</u>	<u>Strabismus surgery on patient not previously operated on, any procedure, any muscle (may include minor displacement, e.g., for A or V pattern); 1 muscle</u>	<u>900.00</u>
<u>67312-00</u>	<u>2 muscles, 1 or both eyes</u>	<u>968.00</u>
<u>67515*00</u>	<u>Injection of therapeutic agent into Tenon's capsule</u>	<u>49.00</u>
<u>67700*00</u>	<u>Blepharotomy, drainage of abscess, eyelid</u>	<u>57.00</u>
<u>67800-00</u>	<u>Excision of chalazion; single</u>	<u>75.00</u>
<u>67801-00</u>	<u>multiple, same lid</u>	<u>110.00</u>
<u>67805-00</u>	<u>multiple, different lids</u>	<u>135.00</u>
<u>67810*00</u>	<u>Biopsy of eyelid</u>	<u>106.00</u>
<u>67820*00</u>	<u>Correction of trichiasis; epilation, by forceps only</u>	<u>31.00</u>
<u>67840*00</u>	<u>Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure</u>	<u>87.00</u>
<u>67921-00</u>	<u>Repair of entropion; suture</u>	<u>700.00</u>
<u>67938-00</u>	<u>Removal of embedded foreign body; eyelid</u>	<u>40.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

68200*00	Subconjunctival injection	48.00
68800*00	Dilation of lacrimal punctum, with or without irrigation, unilateral or bilateral (MD/DO)	35.00 37.00
68825-00	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; requiring hospitalization general anesthesia	237.00 260.00

Auditory System

Subp. 15. **Auditory system.** The following codes, services descriptions, and maximum fees apply to surgical procedures involving the auditory system.

Code	Service	Maximum Fee
69000*00	Drainage external ear, abscess or hematoma; simple	\$ 55.00
69200-00	Removal foreign body from external auditory canal; without general anesthesia	27.24
69210-00	Removal impacted cerumen (separate procedure), 1 or both ears	20.75
69220-00	Debridement, mastoidectomy cavity, simple (e.g., routine cleaning); unilateral	38.00
69420*00	Myringotomy, including aspiration and/or eustachian tube inflation	84.00
69433*00	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia; unilateral (MD/DO)	\$ 152.50 150.00
69434*00	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia; bilateral	240.00
69436-00	Tympanostomy (requiring insertion of ventilating tube), general anesthesia; unilateral (MD/DO)	210.00 252.00
69437-00	bilateral (MD/DO)	350.00
69440-00	Middle ear exploration through postauricular or ear canal incision (MD/DO)	785.00 897.00
69610-00	Tympanic membrane repair, with or without site preparation or perforation preparation for closure without patch	90.00
69620-00	Myringoplasty (MD/DO)	1,186.00 1,305.00
69631-00	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction (MD/DO)	1,785.75 1,950.00
69632-00	with ossicular chain reconstruction (for example, postfenestration) (MD/DO)	2,006.00 2,115.00
69641-00	Tympanoplasty with antrotomy or mastoidectomy; without ossicular chain reconstruction (MD/DO)	2,100.00

5221.2300 PHYSICIAN SERVICES; RADIOLOGY.

Subpart 1. **General.** The following codes, service descriptions, and maximum fees apply to a provider licensed as a doctor of medicine ~~or~~ a doctor of osteopathy, or a technician under the supervision of a doctor of medicine or osteopathy. ~~The suffix number 26 modifier indicates only the professional component of a combined technical and professional procedure applies. Absence of the suffix indicates the complete procedure, professional and technical.~~

A. Single charge including both professional and technical component. The maximum fee represents the appropriate charges for professional services plus expenses of nonradiologist personnel, materials, facilities, and space used and for diagnostic or therapeutic services rendered, but excludes the cost of radio-isotopes. This value is applicable in any situation in which a single charge is made to include both professional services and the cost involved in providing that service.

B. Two charges distinguishing between technical and professional component.

(1) Professional component: the professional component represents the professional services of the doctor, including examination of the patient, when indicated, performance and supervision of the procedure, interpretation and reporting of the examination, and consultation with the attending doctor. This component is applicable in any situation in which the doctor submits a charge for these professional services only. It is distinct from and does not include the time devoted by technologists, nor costs of materials, equipment, and space.

When the physician component is billed separately, the procedure may be identified by adding the modifier "-26" to the usual procedure number as appropriate. The total cost of procedure cannot exceed the basic fee. Payment is made on the basis of up to and including 40 percent of the fee maximum.

(2) Technical component: certain procedures (e.g., laboratory, radiology, electrocardiogram, specific diagnostic, and therapeutic services) are a combination of a physician component and a technical component. When the technical component is billed separately, the procedure may be identified by adding the modifier "T.C." to the usual procedure number as appropriate. The total cost of procedure cannot exceed the basic fee. Payment is made on the basis of up to and including 60 percent of the fee maximum.

Subp. 2. **Diagnostic radiology.** The following codes, service descriptions, and maximum fees apply to diagnostic radiology procedures.

Head and Neck

Code	Service	Maximum Fee
70050	Radiologic examination, eye; for detection and localization of foreign body	\$ 22.40
70100-00	Radiologic examination, mandible; partial, less than four views (MD/DO)	45.00 <u>47.25</u>
70100-26	professional component only	20.75
70110-26	professional component only	21.20
70120-00	Radiologic examination, mastoids; less than three views per side (MD/DO)	53.00 <u>72.00</u>
70130-00	Radiologic examination, mastoids; complete, minimum of three views per side (MD/DO)	87.00 <u>90.00</u>
70134	Radiologic examination, internal auditory meati, complete	78.00
70140-00	Radiologic examination, facial bones; less than three views (MD/DO)	56.94 <u>41.70</u>
70140-26	professional component only	18.88
70150-2600	professional component only	24.50
	<u>complete, minimum of three views (MD/DO)</u>	<u>55.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

70160-00	Radiologic examination, nasal bones; complete, minimum of three views (MD/DO)	48.38	47.00
70160-26	professional component only		15.00
70200-2600	professional component only		23.20
	<u>Radiologic examination; orbits, complete, minimum of four views (MD/DO)</u>		46.30
70210	Radiologic examination, sinuses, paranasal, less than three views (MD/DO)	35.00	37.00
70210-26	professional component only		16.00
70220-00	Radiologic examination, sinuses, paranasal, complete, minimum of three views; without contrast studies (MD/DO)	66.00	69.50
70220-26	Radiologic examination; sinuses, paranasal, complete, minimum of three views; without contrast studies; professional component only		23.25
70240-00	<u>Radiologic examination, sella turcia (MD/DO)</u>		48.25
70260-26			
70250-00	Radiologic examination, skull, less than four views, with or without stereo; (MD/DO)		48.00
70260-00	complete, minimum of four views; <u>with or without stereo (MD/DO)</u>		74.00
	professional component only		33.00
70260-TC	technical component only		57.50
70320	Radiologic examination; teeth; complete, full mouth		51.00
70328	Radiologic examination; temporomandibular joint, open and closed mouth; unilateral		67.50
70300-00	<u>Radiologic examination, teeth; single view</u>		14.20
70310-00	<u>partial examination, less than full mouth</u>		18.90
70320-00	<u>complete, full mouth</u>		55.00
70330-00	<u>Radiologic examination, temporomandibular joint, open and closed mouth; bilateral</u>		81.00
70332-00	<u>Temporomandibular joint arthrography; supervision and interpretation only</u>		250.00
70333-00	<u>complete procedure</u>		180.00
70355-2600	Orthopantomogram; professional component only	49.00	35.00
70360-00	Radiologic examination, neck, soft tissue (MD/DO)	28.00	33.75
70360-26	professional component only		13.50
70450-26	professional component only		77.00
70460-26	professional component only		86.25
70470-26	professional component only		105.50
70380-00	<u>Radiologic examination, salivary gland for calculus</u>		48.50
70390-00	<u>Sialography; supervision and interpretation only</u>		99.00

Proposed Rules

<u>70450-00</u>	<u>Computerized axial tomography, head or brain (MD/DO)</u>		<u>120.90</u>
<u>70480-00</u>	<u>Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material</u>		<u>150.00</u>
<u>70481-00</u>	<u>with contrast material</u>		<u>139.00</u>
<u>70486-00</u>	<u>Computerized axial tomography, maxillofacial area; without contrast material</u>		<u>91.40</u>
<u>70491-00</u>	<u>Computerized axial tomography, soft tissue neck; with contrast material(s)</u>		<u>132.00</u>
<u>70540-00</u>	<u>Magnetic resonance (e.g., proton) imaging; orbit, face, and neck</u>		<u>600.00</u>
Chest			
<u>71010-00</u>	<u>Radiologic examination, chest; single view, posteroanterior frontal (MD/DO)</u>	\$ 34.50	<u>\$34.00</u>
<u>71010-26</u>	<u>professional component only</u>		<u>13.50</u>
<u>71010-TC</u>	<u>technical component only</u>		<u>30.00</u>
<u>71015-00</u>	<u>stereo, posteroanterior (MD/DO)</u>	33.30	<u>35.00</u>
<u>71020-00</u>	<u>Radiologic examination, chest, two views, posteroanterior frontal and lateral(MD/DO)</u>	45.00	<u>47.25</u>
<u>71020-TC</u>	<u>technical component only</u>		<u>38.25</u>
<u>71020-26</u>	<u>professional component only</u>		<u>18.75</u>
<u>71021-00</u>	<u>Radiological examination, frontal and lateral; with apical lordotic procedure (MD/DO)</u>	41.50	<u>44.00</u>
<u>71022-00</u>	<u>Radiologic examination, chest; with oblique projections (MD/DO)</u>	24.00	<u>22.50</u>
<u>71022-26</u>	<u>professional component only</u>		<u>21.00</u>
<u>71030-26</u>	<u>professional component only</u>		<u>27.38</u>
<u>71030-00</u>	<u>Radiological examination, chest, complete, minimum of four views (MD/DO)</u>		<u>45.00</u>
<u>71034-00</u>	<u>Radiologic examination, chest, complete, minimum of four views; with fluoroscopy</u>		<u>56.00</u>
<u>71035-00</u>	<u>Radiologic examination, chest, special views, e.g., lateral decubitus, Bucky studies</u>		<u>23.50</u>
<u>71100-2600</u>	<u>Radiologic examination, ribs, unilateral; two views; professional component only (MD/DO)</u>	19.50	<u>53.00</u>
<u>71100-TC</u>	<u>technical component only</u>		<u>40.00</u>
<u>71101-00</u>	<u>Radiologic examination, ribs, unilateral; including postero-anterior chest, minimum of three views</u>		<u>60.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>71110-00</u>	Radiologic examination, ribs, bilateral; three views (MD/DO)	60.00	<u>62.00</u>
<u>71110-26</u>	professional component only		<u>28.13</u>
<u>71111-00</u>	<u>Radiologic examination, ribs, bilateral; including postero-anterior chest, minimum of four views</u>		<u>73.00</u>
<u>71120-00</u>	Radiologic examination; sternum, minimum of two views (MD/DO)		<u>38.00</u>
<u>71120-26</u>	professional component only		<u>17.70</u>
<u>71130-00</u>	<u>Radiologic examination; sternoclavicular joint or joints, minimum of three views</u>		<u>60.00</u>
<u>71250-26</u>	<u>Computerized axial tomography; thorax; without contrast material; professional component only</u>	126.00	
<u>71260-2600</u>	professional component only	105.50	
	<u>with contrast material</u>		<u>142.20</u>
Spine and Pelvis			
<u>72010-2600</u>	Radiologic examination, spine, entire, survey study, anteroposterior, and lateral; professional component only (MD/DO)	\$ 42.25	<u>\$ 86.00</u>
<u>72020-2600</u>	Radiologic examination, spine, single view, specify level; professional component only (MD/DO)	45.00	<u>37.00</u>
<u>72040-00</u>	Radiologic examination, spine, cervical; anteroposterior and lateral (MD/DO)	47.00	<u>50.50</u>
<u>72040-26</u>	professional component only		<u>20.00</u>
<u>72050-00</u>	minimum of four views (MD/DO)	75.00	<u>80.40</u>
<u>72050-26</u>	professional component only		<u>27.00</u>
<u>72050-TC</u>	technical component only		<u>55.50</u>
<u>72052-00</u>	<u>Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies</u>		<u>89.00</u>
<u>72070-00</u>	Radiologic examination, spine; thoracic, anteroposterior and lateral (MD/DO)	53.00	<u>57.50</u>
<u>72070-26</u>	professional component only		<u>22.00</u>
<u>72070-TC</u>	technical component only		<u>47.00</u>
<u>72072-2600</u>	professional component only		<u>22.10</u>
	<u>Thoracic anteroposterior and lateral, including swimmer's view of the cervicothoracic junction (MD/DO)</u>		<u>58.50</u>
<u>72074-00</u>	<u>Radiologic examination, spine; thoracic, complete, including obliques, minimum of four views</u>		<u>65.00</u>
<u>72080-00</u>	thoracolumbar, anteroposterior and lateral (MD/DO)	62.00	<u>58.00</u>
<u>72090-00</u>	scoliosis study, including supine and erect studies (MD/DO)	50.00	<u>50.75</u>

Proposed Rules

72100-00	Radiologic examination, spine, lumbosacral; anteroposterior and lateral (MD/DO)	57.95 <u>62.00</u>
72100-26	professional component only	24.50
72110	complete, with oblique views	80.00
72110-26	professional component only	30.00
72110-TC	technical component only	62.00
72114-00	complete, including bending views (MD/DO)	95.00
72120-00	<u>Radiologic examination, spine, lumbosacral, bending views only, minimum of four views</u>	<u>61.20</u>
72125-26	Computerized axial tomography, cervical spine; without contrast material; professional component only	114.00
72126-2600	professional component only	135.00
	<u>Computerized axial tomography, cervical spine; with contrast material (MD/DO)</u>	<u>174.40</u>
72128-26	Computerized axial tomography, thoracic spine; without contrast material; professional component only	111.75
72129	Computerized axial tomography, thoracic spine; with contrast material	120.00
72131	Computerized axial tomography, lumbar spine; without contrast material	465.00
72131-26	professional component only	100.00
72132-26	professional component only	104.00
72132-00	with contrast material (MD/DO)	<u>163.00</u>
72141-00	<u>Magnetic resonance (e.g., proton) imaging, spinal canal and contents</u>	<u>790.00</u>
72170-2600	Radiologic examination, pelvis anteroposterior only; professional component only (MD/DO)	46.00 <u>41.00</u>
72180-00	stereo (MD/DO)	<u>42.00</u>
72180-26	professional component only	22.25
72190-00	complete, minimum of three views (MD/DO)	64.00 <u>65.00</u>
72190-26	professional component only	21.50
72192-2600	Computerized axial tomography, pelvis; without contrast material; professional component only (MD/DO)	114.00 <u>212.50</u>
72193-2600	with contrast material(s); professional component only (MD/DO)	97.00 <u>106.00</u>
72200-00	Radiologic examination, sacroiliac joints; less than three views (MD/DO)	45.00 <u>52.40</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>72202-00</u>	three or more views (MD/DO)	49.00	<u>58.75</u>
<u>72202-26</u>	professional component only		<u>19.90</u>
<u>72220-00</u>	Radiologic examination, sacrum and coccyx, minimum of two views (MD/DO)	48.00	<u>50.00</u>
<u>72220-26</u>	professional component only		<u>17.70</u>
<u>72240-00</u>	Myelography, cervical; supervision and interpretation only		<u>213.90</u>
<u>72241-2600</u>	Myelography, cervical, complete procedure; professional component only (MD/DO)	245.06	<u>590.00</u>
<u>72265-26</u>	Myelography, lumbosacral; supervision and interpretation only; professional component only		<u>67.00</u>
<u>72266-2600</u>	complete procedure; professional component only (MD/DO)	198.69	<u>216.00</u>
<u>72270-00</u>	Myelography, entire spinal canal; supervision and interpretation only (MD/DO)	194.40	<u>205.44</u>
<u>72271-00</u>	complete procedure (MD/DO)	305.00	<u>340.30</u>
<u>72271-26</u>	professional component only		<u>303.50</u>
Upper Extremities			
<u>73000-00</u>	Radiologic examination; clavicle, complete (MD/DO)	\$ 33.00	<u>37.50</u>
<u>73000-26</u>	professional component only		<u>12.75</u>
<u>73000-TC</u>	technical component only		<u>42.00</u>
<u>73010-00</u>	scapula, complete (MD/DO)		<u>42.75</u>
<u>73010-26</u>	professional component only		<u>15.00</u>
<u>73020-00</u>	Radiologic examination, shoulder; one view (MD/DO)	35.00	<u>37.00</u>
<u>73020-26</u>	professional component only		<u>13.25</u>
<u>73030-00</u>	complete, minimum of two views (MD/DO)		<u>48.00</u>
<u>73030-26</u>	professional component only		<u>15.00</u>
<u>73040-26</u>	Radiologic examination, shoulder; arthrography; supervision and interpretation only; professional component only		<u>14.00</u>
<u>73041-2600</u>	complete procedure; professional component only (MD/DO)	167.00	<u>154.00</u>
<u>73050-00</u>	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction (MD/DO)	48.50	<u>54.00</u>
<u>73050-26</u>	professional component only		<u>15.88</u>
<u>73060-00</u>	humerus, minimum of two views (MD/DO)	39.00	<u>42.75</u>
<u>73060-26</u>	professional component only		<u>14.00</u>
<u>73070-00</u>	Radiologic examination, elbow; anteroposterior and lateral views (MD/DO)	38.00	<u>41.00</u>
<u>73070-26</u>	professional component only		<u>13.50</u>

Proposed Rules

<u>73070-TC</u>	technical component only		34.00
<u>73080-00</u>	complete, minimum of three views <u>(MD/DO)</u>	39.00	<u>44.00</u>
<u>73080-26</u>	professional component only		15.75
<u>73080-TC</u>	technical component only		36.00
<u>73090-00</u>	Radiologic examination; forearm, anteroposterior and lateral views <u>(MD/DO)</u>	37.00	<u>41.00</u>
<u>73090-26</u>	professional component only		14.00
<u>73090-TC</u>	technical component only		34.00
<u>73100-00</u>	Radiologic examination, wrist; anteroposterior and lateral views <u>(MD/DO)</u>	37.00	<u>40.00</u>
<u>73100-26</u>	professional component only		13.50
<u>73100-TC</u>	technical component only		34.00
<u>73110-00</u>	complete, minimum of three views <u>(MD/DO)</u>	41.00	<u>44.00</u>
<u>73110-26</u>	professional component only		15.75
<u>73110-TC</u>	technical component only		42.50
<u>73115-00</u>	<u>Radiologic examination, wrist, arthrography; supervision and interpretation only</u>		<u>49.00</u>
<u>73120-00</u>	Radiologic examination, hand; two views <u>(MD/DO)</u>	36.50	<u>40.00</u>
<u>73120-26</u>	professional component only		13.25
<u>73120-TC</u>	technical component only		23.75
<u>73130-00</u>	minimum of three views <u>(MD/DO)</u>	40.50	<u>44.24</u>
<u>73130-26</u>	professional component only		14.00
<u>73130-TC</u>	technical component only		41.50
<u>73140-00</u>	Radiologic examination, finger or fingers, minimum of two views <u>(MD/DO)</u>	32.00	<u>35.00</u>
<u>73140-26</u>	professional component only		12.00
<u>73140-TC</u>	technical component only		30.00
<u>73220-00</u>	<u>Magnetic resonance (e.g., proton) imaging, upper extremity</u>		<u>700.00</u>

Lower Extremities

<u>73500-00</u>	Radiologic examination, hip; unilateral, one view <u>(MD/DO)</u>	\$ 36.56	<u>34.00</u>
<u>73500-26</u>	professional component only		14.10
<u>73510-00</u>	complete, minimum of two views <u>(MD/DO)</u>	48.00	<u>51.00</u>
<u>73510-26</u>	professional component only		20.00
<u>73510-TC</u>	technical component only		41.00
<u>73520-00</u>	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis <u>(MD/DO)</u>	56.00	<u>50.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

73520-26	professional component only	24.21	
73530-2600	Radiologic examination, hip, during operative procedure; professional component only (MD/DO)	28.50	26.30
73540	Radiologic examination, pelvis and hips, infant or child, minimum of two views	48.00	
73550	Radiologic examination, femur, anteroposterior, and lateral views	42.00	
73550-26	professional component only	14.50	
73560-00	Radiologic examination, knee; anteroposterior and lateral views (MD/DO)	40.00	42.00
73560-26	professional component only	14.00	
73560-TC	technical component only	33.00	
73562-00	anteroposterior and lateral, with oblique, minimum of three views (MD/DO)	50.00	54.00
73562-26	professional component only	14.50	
73562-TC	technical component only	39.00	
73564	complete, including oblique, or tunnel, or patellar, or standing views	55.75	
73564-26	professional component only	18.00	
73564-TC	technical component only	65.00	
73580-00	Radiologic examination, knee, arthography; supervision and interpretation only (MD/DO)	120.00	130.00
73581-2600	Radiologic examination, knee, arthography; complete procedure; professional component only (MD/DO)	144.50	154.00
73590-00	Radiologic examination, tibia and fibula, anteroposterior and lateral views (MD/DO)	40.00	43.70
73590-26	professional component only	14.00	
73590-TC	technical component only	36.50	
73600-00	Radiologic examination, ankle; anteroposterior and lateral views (MD/DO)	35.20	38.00
73600-26	professional component only	13.50	
73600-TC	technical component only	30.10	
73610-00	complete, minimum of three views (MD/DO)	41.00	45.60
73610-26	professional component only	15.00	
73610-TC	technical component only	40.00	
73620-00	Radiologic examination, foot; anteroposterior and lateral views (MD/DO)	35.00	39.00
73620-26	professional component only	14.00	
73620-TC	technical component only	28.70	
73630-00	complete, minimum of three views (MD/DO)	43.00	45.00
73630-26	professional component only	14.25	

Proposed Rules

73630-TC	technical component only	41.00
73650-00	Radiologic examination; calcaneus, minimum of two views (MD/DO)	36.00 38.00
73650-26	professional component only	13.00
73660-00	toe or toes, minimum of two views (MD/DO)	32.00 35.00
73660-26	professional component only	11.70
73660-TC	technical component only	30.00
73700-00	Computerized axial tomography, lower extremity; without contrast material	130.00
73720-00	Magnetic resonance (e.g., proton) imaging, lower extremity	665.00
Abdomen		
74000-2600	Radiologic examination, abdomen, single anteroposterior view; professional component only (MD/DO)	\$ 46.00 37.00
74000-TC	technical component only	32.00
74010-2600	anteroposterior and additional oblique and cone views; professional component only (MD/DO)	20.25 40.00
74020-2600	complete, including decubitus or erect views; professional component only (MD/DO)	22.50 41.00
74022-00	Complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest (MD/DO)	32.00 34.00
74022-26	professional component only	32.00
74150-2600	Computerized axial tomography, abdomen; without contrast material; professional component only (MD/DO)	108.50 212.50
74160-2600	with contrast materials; professional component only (MD/DO)	114.00 129.50
74170-26	without contrast material followed by contrast material and further sections; professional component only	136.00
Gastrointestinal Tract		
74220-2600	Radiologic examination; esophagus; professional component only (MD/DO)	\$ 49.50 78.00
74230-00	Swallowing function, paraynx and/or esophagus, with cineradiography and/or video	56.00
74240-00	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB (MD/DO)	90.00 103.00

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

74240-26	professional component only	52.00
74241-00	with or without delayed films, with KUB (MD/DO)	58.00 68.40
74241-26	professional component only	46.50
74241-TC	technical component only	58.00
74245-2600	with small bowel, includes multiple serial films; professional component only (MD/DO)	73.75 142.50
74246-00	<u>Radiologic examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without delayed films; without KUB</u>	103.00
74247-00	with or without delayed films, with KUB (MD/DO)	57.00 125.00
74250-2600	Radiologic examination, small bowel, includes multiple serial films; professional component only (MD/DO)	48.00 97.50
74270-00	Radiologic examination, colon; barium enema (MD/DO)	90.00 101.00
74270-26	professional component only	52.00
74270-TC	technical component only	72.00
74280-2600	air contrast with specific high density barium, with or without glucagon; professional component only (MD/DO)	69.00 152.00
74290-00	Cholecystography, oral contrast (MD/DO)	64.90 73.00
74290-26	professional component only	24.75
74290-TC	technical component only	57.00
74300-2600	Cholangiography and/or pancreatography; during surgery; professional component only (MD/DO)	39.00 41.50
74305-00	<u>Cholangiography and/or pancreatography; postoperative</u>	59.50
74328-00	<u>Endoscopic catheterization of the biliary ductal system, fluoroscopic monitoring and radiography</u>	43.75
74329-00	<u>Endoscopic catheterization of the pancreatic ductal system, fluoroscopic monitoring and radiography</u>	53.00
74330-00	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, fluoroscopic monitoring and radiography (MD/DO)	59.00 62.00
74330-26	professional component only	53.00
74340-00	<u>Introduction of long gastrointestinal tube (e.g., Miller-Abbott) with multiple fluoroscopies and films</u>	49.25

Urinary Tract

74400-2600	Urography, (pyelography) intravenous, with or without KUB (MD/DO)
------------	---

Proposed Rules

	including kidneys, ureters, and bladder; professional component only	\$ 52.50 <u>112.00</u>
74405-2600	<u>Urography (pyelography); intravenous, including kidneys, ureters, and bladder with special hypertensive contrast concentration and/or or clearance studies; professional component only (MD/DO)</u>	48.00 <u>161.70</u>
74410-2600	<u>Urography, infusion, drip technique; professional component only (MD/DO)</u>	39.13 <u>90.00</u>
74415-00	<u>Urography, infusion, drip technique and/or bolus technique; with nephrotomography</u>	<u>161.70</u>
74420-2600	<u>Urography, retrograde, with or without kidneys, ureters, and bladder; professional component only (MD/DO)</u>	23.63 <u>55.00</u>
74425-2600	<u>Urography, antegrade, (pyelostogram, nephrostogram, loopogram); supervision and interpretation only (MD/DO) professional component only</u>	43.00 <u>43.75</u>
74426-00	<u>Urography, antegrade, (pyelostogram, nephrostogram, loopogram); complete procedure</u>	<u>145.60</u>
74430-2600	<u>Cystography, minimum of three views; supervision and interpretation only; professional component only (MD/DO)</u>	27.00 <u>46.00</u>
74431-00	<u>Cystography, minimum of three views; complete procedure</u>	<u>91.00</u>
74451-00	<u>Urethrocystography, retrograde; complete procedure</u>	<u>97.40</u>
74455-2600	<u>Urethrocystography, voiding; supervision and interpretation only (MD/DO) professional component only</u>	37.50 <u>69.50</u>
74456-2600	<u>complete procedure (MD/DO) professional component only</u>	56.25 <u>87.50</u>
74475-00	<u>Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, with fluoroscopic monitoring and radiography; supervision and interpretation only</u>	<u>155.00</u>
<u>Gynecological and Obstetrical</u>		
74710-00	<u>Pelvimetry, with or without placental localization</u>	\$ <u>83.10</u>
74720-00	<u>Radiologic examination, abdomen, for fetal age, fetal position and/or placental localization; single view</u>	<u>42.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>74740-00</u>	<u>Hysterosalpingography; supervision and interpretation only</u>	<u>101.00</u>
<u>74741-00</u>	<u>complete procedure</u>	<u>137.20</u>
<u>Vascular System</u>		
<u>75550-00</u>	<u>Angiocardiology by cineradiography; supervision and interpretation only</u>	<u>\$144.50</u>
<u>75605-00</u>	<u>Aortography, thoracic, by serialography; supervision and interpretation only</u>	<u>106.00</u>
<u>75627-00</u>	<u>Aortography, abdominal catheter, by serialography; supervision and interpretation only</u>	<u>84.50</u>
<u>75628-2600</u>	Aortography, abdominal, catheter by serialography; professional component only (MD/DO)	361.31 <u>288.00</u>
<u>75630-00</u>	<u>Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography; supervision and interpretation only</u>	<u>168.00</u>
<u>75631-2600</u>	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography; professional component only (MD/DO)	416.00 <u>436.25</u>
<u>75650-00</u>	<u>Angiography, cervicocerebral, catheter, including vessel origin; supervision and interpretation only</u>	<u>284.50</u>
<u>75655-2600</u>	Angiography, cervicocerebral, selective catheter, including vessel origin; two vessels, complete procedure; professional component only (MD/DO)	474.50 <u>503.00</u>
<u>75656-00</u>	<u>Angiography, cervicocerebral, selective catheter, including vessel origin, three or four vessels, supervision and interpretation only</u>	<u>250.00</u>
<u>75657-2600</u>	three or four vessels, complete procedure; professional component only (MD/DO)	551.25 <u>603.80</u>
<u>75671-00</u>	<u>Angiography, carotid, cerebral, bilateral; supervision and interpretation only</u>	<u>238.00</u>
<u>75673-00</u>	<u>Angiography, carotid cerebral, bilateral; catheter, complete procedure (MD/DO)</u>	<u>498.00</u>
<u>75710-00</u>	<u>Angiography, extremity, unilateral, supervision and interpretation only</u>	<u>77.50</u>
<u>75712-2600</u>	Angiography, extremity, unilateral; by serialography, complete procedure; professional component only (MD/DO)	229.00 <u>334.80</u>
<u>75716-00</u>	<u>Angiography, extremity, bilateral; supervision and interpretation only</u>	<u>95.50</u>
<u>75718-00</u>	<u>by serialography, complete procedure</u>	<u>267.00</u>

Proposed Rules

75750- 2600	Angiography, coronary, root injection; professional component only (MD/DO)	76.50 <u>83.80</u>
<u>75752-00</u>	<u>Angiography, coronary, unilateral selective injection, including left ventricular and supra</u> valvular angiogram and pressure recording; <u>supervision and interpretation only</u>	<u>50.00</u>
75754- 2600	Angiography, coronary, bilateral selective injection, including left ventricular and supravalvular angiogram and pressure recording; professional component only (MD/DO)	131.25 <u>171.00</u>
<u>75762-00</u>	<u>Angiography, coronary bypass, unilateral selective injection; supervision and interpretation only</u>	<u>50.50</u>
<u>75766-00</u>	<u>Angiography, coronary bypass, multiple selective injection; supervision and interpretation only</u>	<u>74.00</u>
Veins and Lymphatics		
<u>75820-00</u>	<u>Venography, extremity, unilateral; supervision and interpretation only</u>	<u>\$ 98.50</u>
75821- 2600	Venography, extremity, unilateral; complete procedure; professional component only (MD/DO)	\$ 120.50 <u>130.15</u>
<u>75897-00</u>	<u>Transcatheter therapy, infusion (e.g., thrombolysis other than coronary), including angiography; complete procedure</u>	<u>375.00</u>
<u>75962-00</u>	<u>Percutaneous transluminal angioplasty, peripheral artery; supervision and interpretation only</u>	<u>68.00</u>
<u>75985-00</u>	<u>Change of percutaneous drainage catheter with contrast monitoring (i.e., biliary tract, urinary tract); complete procedure</u>	<u>199.00</u>
Miscellaneous		
<u>76000-00</u>	<u>Fluoroscopy (separate procedure), up to one hour physician time</u>	<u>\$ 40.00</u>
<u>76020-00</u>	<u>Bone age studies</u>	<u>36.00</u>
<u>76040-00</u>	<u>Bone length studies (orthoroentgenogram, scanogram)</u>	<u>69.00</u>
<u>76061-00</u>	<u>Radiologic examination, osseous survey: limited (e.g., for metastases)</u>	<u>139.00</u>
<u>76062-00</u>	<u>Radiologic examination, osseous survey; complete (MD/DO)</u>	\$ 160.00 <u>195.50</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

<u>76066-00</u>	<u>Joint survey, single view, one or more joints (specify)</u>	<u>23.00</u>
<u>76080-00</u>	<u>Radiologic examination, fistula or sinus tract study; supervision and interpretation only</u>	<u>61.00</u>
<u>76081-2600</u>	<u>Radiologic examination, fistula or sinus tract study; complete procedure; professional component only (MD/DO)</u>	63.00 <u>76.70</u>
<u>76100-00</u>	<u>Radiologic examination, single plane body section (MD/DO)</u>	96.50 <u>101.30</u>
<u>76101-00</u>	<u>Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than kidney; unilateral</u>	<u>93.60</u>
<u>76102-00</u>	<u>bilateral</u>	<u>100.00</u>
<u>76150-00</u>	<u>Xeroradiography</u>	<u>50.00</u>
<u>76361-00</u>	<u>Computerized tomography guidance for needle biopsy; complete procedure</u>	<u>436.00</u>
<u>76370-00</u>	<u>Computerized tomography guidance for placement of radiation therapy fields</u>	<u>74.25</u>
<u>76375-00</u>	<u>Computerized tomography, coronal, sagittal, multiplanar, oblique and/or three dimensional reconstruction</u>	<u>45.00</u>

Subp. 3. **Diagnostic ultrasound.** The following codes, service descriptions, and maximum fees apply to diagnostic ultrasound procedures. In C, "A-mode" implies a one-dimensional ultrasonic measurement procedure; "M-mode" implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures; "B-scan" implies a two-dimensional ultrasonic scanning procedure with a two-dimensional display; and "Real-time scan" implies a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time.

Head and Neck

Code	Service	Maximum Fee
<u>76506-00</u>	<u>Echoencephalography, B-scan and/or real-time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated</u>	<u>\$ 140.00</u>
<u>76511-00</u>	<u>Ophthalmic ultrasound, echography; A-mode, spectral analysis with amplitude quantification (MD/DO)</u>	<u>\$ 150.00</u>
<u>76516-00</u>	<u>Echography, Ophthalmic, biometry; by ultrasound echography, A-mode (MD/DO) ultrasonic biometry;</u>	150.00 <u>153.90</u>
<u>76519-00</u>	<u>Ophthalmic biometry by ultra sound echography, A-mode</u>	<u>168.00</u>
	<u>intraocular lens power calculation (MD/DO)</u>	<u>175.00</u>
<u>76536-00</u>	<u>Echography, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid),</u>	

Proposed Rules

B-scan and/or real-time with image documentation

118.00

Chest

<u>76604-00</u>	<u>Echography, chest</u> B-scan (includes Mediastinum) and/or real time with image documentation (MD/DO)	\$ 63.75 <u>68.00</u>
<u>76620-2600</u>	Echocardiography, M-mode; professional component only (MD/DO)	96.65 <u>120.00</u>
<u>76627-00</u>	<u>Echocardiography, real-time with image documentation (2D); complete</u>	<u>163.00</u>
<u>76629-00</u>	Echocardiography, M-mode and real time with image documentation (MD/DO)	186.00 <u>225.00</u>
<u>76632-00</u>	<u>Doppler echocardiography</u>	<u>70.50</u>
<u>76700-2600</u>	Echography, abdominal, B-scan; and/or <u>real-time with image documentation (MD/DO)</u> professional component only	67.50 <u>110.00</u>
<u>76705-2600</u>	limited; professional component only (MD/DO)	46.25 <u>98.00</u>
<u>76770-2600</u>	Echography, retroperitoneal (for example, renal, aorta, nodes), B-scan; professional component only (MD/DO)	63.75 <u>123.50</u>
<u>76775-2600</u>	<u>Echography, retroperitoneal, B-scan and/or real time with image documentation; complete; professional component only limited (MD/DO)</u>	68.25 <u>67.50</u>

Pelvis

<u>76805-2600</u>	<u>Echography, pelvic pregnant uterus, B-scan (for example, and/or real time); in obstetrics, gynecology, or transplants; with image documentation; complete; professional component only (MD/DO)</u>	\$ 61.50 <u>98.80</u>
<u>76815-00</u>	<u>Echography, pregnant uterus, B-scan and/or real-time with image documentation; limited (fetal growth rate, heart beat, anomalies, placental location)</u>	<u>73.00</u>
<u>76816-00</u>	<u>follow-up or repeat</u>	<u>65.00</u>
<u>76818-00</u>	<u>Fetal biophysical profile</u>	<u>106.00</u>
<u>76855-00</u>	<u>Echography, pelvic area (Doppler)</u>	<u>90.00</u>
<u>76856-00</u>	<u>Echography, pelvic (nonobstetric), B-scan and/or real-time with image documentation; complete</u>	<u>90.00</u>
<u>76857-00</u>	<u>limited or follow-up (e.g., for follicles)</u>	<u>65.00</u>
<u>76870-00</u>	<u>Echography, scrotum and contents</u>	<u>137.40</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>76880-00</u>	<u>Echography, extremity, B-scan and/or real-time with image documentation</u>	<u>88.00</u>
<u>76925-00</u>	<u>Imaging, peripheral (e.g., B-scan, Doppler or real-time scan</u>	<u>110.00</u>
<u>76943-00</u>	<u>Ultrasonic guidance for needle biopsy; complete procedure</u>	<u>249.25</u>
<u>76970-00</u>	<u>Ultrasound study follow-up (specify)</u>	<u>50.00</u>
<u>76986-00</u>	<u>Echography, intraoperative</u>	<u>62.00</u>
<u>76991-00</u>	<u>Intraluminal ultrasound study (e.g., transrectal, transvaginal)</u>	<u>200.00</u>

Subp. 4. **Therapeutic radiology.** The following codes, procedures and maximum fees apply to therapeutic radiology procedures. Listings for teletherapy and brachytherapy include initial consultation, clinical treatment planning, simulation, medical radiation physics, dosimetry, treatment devices, special services, and clinical treatment management procedures. They include normal follow-up care during the course of treatment and for three months following its completion.

Except where specified, clinical treatment management assumes treatment on a daily basis (four or five fractions per week) with the use of megavoltage photon or high energy particle sources. Daily and weekly clinical treatment management are mutually exclusive for the same dates. "Simple" means a single treatment area, single port or parallel opposed ports, simple blocks. "Intermediate" means two separate treatment areas, three or more ports on a single treatment area, use of special blocks. "Complex" means three or more separate treatment areas and highly complex blocking (mantle, inverted Y, tangential ports, wedges, compensators, or other special beam considerations).

Code	Service	Maximum Fee
<u>77262-00</u>	<u>Therapeutic radiology treatment planning; intermediate</u>	<u>\$ 295.00</u>
<u>77263-00</u>	<u>complex</u>	<u>345.00</u>
<u>77280-00</u>	<u>Therapeutic radiology simulation-aided field setting; simple (MD/DO)</u>	<u>100.04</u>
<u>77285-00</u>	<u>intermediate</u>	<u>125.00</u>
<u>77290-00</u>	<u>complex</u>	<u>175.00</u>
<u>77300-2600</u>	Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation off axis factor, tissue inhomogeneity factors, as required during course of treatment; professional component only (MD/DO)	\$ 50.00 <u>60.00</u>
<u>77305-00</u>	<u>Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)</u>	<u>125.00</u>
<u>77310-00</u>	<u>intermediate (three or more treatment ports directed to a single area of interest)</u>	<u>150.00</u>
<u>77315-00</u>	<u>complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex rotational blocking or special beam considerations)</u>	<u>280.00</u>
<u>77334-00</u>	Treatment devices, design and construction; complex (MD/DO)	92.00 <u>150.00</u>
<u>77336-00</u>	Continuing medical radiation physics consultation in support of therapeutic	

Proposed Rules

	radiologist, including continuing quality assurance (MD/DO)	90.00 <u>61.50</u>
77400-26	professional component only <u>Daily megavoltage treatment management; simple (MD/DO)</u>	34.75 <u>42.40</u>
<u>77405-00</u>	<u>intermediate</u>	<u>50.00</u>
<u>77410-2600</u>	professional component only <u>complex (MD/DO)</u>	48.00 <u>70.00</u>
<u>77420-2600</u>	Weekly megavoltage treatment management; simple; professional component only (MD/DO)	48.00 <u>25.00</u>
<u>77425-00</u>	<u>intermediate</u>	<u>95.83</u>
<u>77465-2600</u>	Daily kilovoltage treatment management; professional component only (MD/DO)	40.00 <u>31.50</u>
<u>77465-TC</u>	technical component only	33.75

Subp. 5. **Nuclear medicine.** The following codes, service descriptions and maximum fees apply to nuclear medicine procedures. Procedures may be performed independently or in the course of overall medical care. The services listed do not include the provision of radium or other radioelements.

Code	Service	Maximum Fee
<u>78000-2600</u>	thyroid uptake; single determination; professional component only (MD/DO)	\$ 19.75 <u>21.00</u>
<u>78001-00</u>	<u>Thyroid uptake; multiple determinations</u>	<u>113.90</u>
<u>78003-00</u>	<u>stimulation, suppression or discharge (not including initial uptake studies)</u>	<u>65.25</u>
<u>78006-2600</u>	Thyroid imaging, with uptake; single determination; professional component only (MD/DO)	59.00 <u>63.00</u>
<u>78007-00</u>	<u>Thyroid imaging, with uptake; multiple determinations</u>	<u>88.00</u>
<u>78010-2600</u>	Thyroid imaging; only; professional component only (MD/DO)	49.60 <u>81.40</u>
Diagnostic - Gastrointestinal System		
<u>78201-00</u>	Liver imaging; <u>static only</u> (MD/DO)	\$ 69.00 <u>69.75</u>
<u>78215-2600</u>	Liver and spleen imaging; professional component only (MD/DO)	72.50 <u>207.40</u>
<u>78216-00</u>	<u>with vascular flow</u> (MD/DO)	86.00 <u>90.00</u>
<u>78220-26</u>	professional component only	63.00
<u>78220-00</u>	<u>Liver function study with hepatobiliary agents, with serial images</u> (MD/DO)	<u>86.50</u>
<u>78223-2600</u>	<u>Hepatobiliary ductal system imaging, including gallbladder</u> (MD/DO) professional component only	85.00 <u>90.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>78264-00</u>	<u>Gastric emptying study</u>	<u>65.25</u>
<u>78278-00</u>	<u>Acute gastrointestinal blood loss imaging</u>	<u>118.50</u>
<u>78280</u>	<u>Gastrointestinal blood loss study</u>	<u>74.90</u>
<u>78290-00</u>	Bowel imaging (for example, ectopic gastric mucosa, Meckel's localization, volvulus (MD/DO))	<u>72.50</u> <u>78.00</u>
<u>Diagnostic - Musculoskeletal System</u>		
<u>78300-2600</u>	Bone imaging; limited area (for, example, skull, pelvis); professional component only (MD/DO)	<u>52.00</u> <u>\$ 80.00</u>
<u>Diagnostic - Musculoskeletal System</u>		
<u>78305-2600</u>	professional component only <u>multiple areas</u>	<u>\$ 82.00</u> <u>87.50</u>
<u>78306-26</u>	<u>whole body; professional component only</u>	<u>79.38</u>
<u>78310</u>	<u>Bone imaging; vascular flow only</u>	<u>70.00</u>
<u>78350-00</u>	<u>Bone density (bone mineral content) study; single photon absorptiometry</u>	<u>78.00</u>
<u>Diagnostic - Cardiovascular System</u>		
<u>78402</u>	Cardiac blood pool imaging; with vascular flow assessment (sequential imaging with or without time activity curve evaluation)	<u>\$ 78.60</u>
<u>78403-26</u>	Cardiac blood pool imaging; with determination of regional ventricular function including ejection fraction and wall motion; professional component only	<u>87.00</u>
<u>78411</u>	Cardiac blood pool imaging by first pass technique; with determination of global or regional ventricular function (specify right, left, or both) including but not necessarily limited to ejection fraction and wall motion; at rest	<u>107.50</u>
<u>78422</u>	Myocardium imaging; regional Myocardial perfusion at rest for evaluation of infarction (infarct avid imaging)	<u>75.00</u>
<u>78424</u>	Myocardium imaging; with quantitative evaluation (for example; pharmacokinetic temporal assessment) regional myocardial perfusion (redistribution resting or postexercise study)	<u>76.80</u>
<u>Respiratory System</u>		
<u>78580-2600</u>	<u>Pulmonary perfusion imaging; particulate professional component only (MD/DO)</u>	<u>76.80</u> <u>\$ 81.50</u>
<u>Diagnostic - Respiratory System</u>		
<u>78581-00</u>	<u>Pulmonary perfusion imaging; gaseous (MD/DO)</u>	<u>\$ 76.00</u> <u>80.00</u>
<u>78582-00</u>	<u>gaseous, with ventilation, rebreathing and washout (MD/DO)</u>	<u>78.10</u> <u>68.50</u>

Proposed Rules

<u>78585-00</u>	<u>rebreathing and washout, with or without single breath</u>	<u>114.75</u>
<u>78587-00</u>	<u>Pulmonary ventilation imaging; multiple projections (MD/DO)</u>	73.50 <u>100.00</u>
<u>78587-26</u>	<u>professional component only</u>	<u>58.75</u>
<u>78591-26</u>	<u>Pulmonary ventilation imaging, gaseous single breath, single projection; professional component only</u>	<u>62.00</u>
<u>78593-00</u>	<u>Pulmonary ventilation imaging, gaseous, with rebreathing and washout, with or without single breath; single projection (MD/DO)</u>	65.00 <u>98.00</u>
<u>78594-00</u>	<u>Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (e.g., anterior, posterior, lateral views)</u>	<u>81.50</u>
Nervous System		
<u>78605</u>	<u>Brain imaging, complete study; static</u>	<u>\$ 77.00</u>
<u>78660-00</u>	<u>Dacryocystography (lacrima) flow study</u>	<u>\$ 15.00</u>
Genitourinary System		
<u>78700-00</u>	<u>Kidney imaging; static only</u>	<u>\$ 68.00</u>
<u>78704-00</u>	<u>Kidney imaging; with function study (e.g., imaging renogram) (MD/DO)</u>	\$ 76.00 <u>81.00</u>
<u>78715-00</u>	<u>Kidney vascular flow only</u>	51.00 <u>54.60</u>
<u>78715-26</u>	<u>professional component only</u>	<u>45.00</u>
<u>78720-26</u>	<u>professional component only</u>	<u>69.88</u>
<u>78725-00</u>	<u>Kidney function study only</u>	<u>152.00</u>
<u>78727-00</u>	<u>Kidney transplant evaluation</u>	<u>95.00</u>
<u>78740-00</u>	<u>Ureteral reflux study (radionuclide voiding cystogram)</u>	<u>80.00</u>
<u>78805-00</u>	<u>Radionuclide localization of abscess; limited area</u>	<u>483.80</u>
<u>78890-00</u>	<u>Generation of automated data; interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes</u>	<u>121.50</u>

5221.2400 PHYSICIAN SERVICES; PATHOLOGY AND LABORATORY.

Subpart 1. **Scope.** The following codes, service descriptions, and maximum fees apply to a provider licensed as a doctor of medicine or a doctor of osteopathy.

Subp. 2. **Automated, multichannel tests.** The following codes, service descriptions, and maximum fees apply to tests that can be and are frequently done as groups and combinations on automated multichannel equipment. For any combination of three or more

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

tests among those listed below, the appropriate code from 80003 to 80072 shall apply. Automated, multichannel tests do not include multiple tests performed individually for immediate or "stat" reporting.

Albumin
 Albumin/globulin ratio
 Bilirubin, direct
 Bilirubin, total
 Calcium
 Carbon dioxide content
~~Chloride~~ Chlorides
 Cholesterol
 Creatinine
 Globulin
 Glucose (sugar)
 Lactic dehydrogenase (LDH)
 Phosphatase, alkaline
 Phosphorus (inorganic phosphate)
 Potassium
 Protein, total
 Sodium
 Transaminase, glutamic oxaloacetic (SGOT)
 Transaminase, glutamic pyruvic (SGPT)
 Urea nitrogen (BUN)
 Uric acid

Automated Multichannel Tests

Code	Service	Maximum Fee
80002-00	Automated multichannel tests; 1 or 2 clinical chemistry tests (MD/DO)	\$ 14.75 15.50
80003-00	Automated multichannel tests; 3 clinical chemistry tests (MD/DO)	30.00
80004-00	4 clinical chemistry tests (MD/DO)	24.00 25.70
80005-00	5 clinical chemistry tests (MD/DO)	31.50 45.00
80006-00	6 clinical chemistry tests (MD/DO)	26.50
80007-00	7 clinical chemistry tests (MD/DO)	27.50 29.25
80008-00	8 clinical chemistry tests (MD/DO)	30.00
80009-00	9 clinical chemistry tests (MD/DO)	33.50
80010-00	10 clinical chemistry tests (MD/DO)	32.00 33.50
80011-00	11 clinical chemistry tests (MD/DO)	38.90 35.50
80012-00	12 clinical chemistry tests (MD/DO)	35.00 36.80
80016-00	13-16 clinical chemistry tests (MD/DO)	38.00 40.00
80018-00	17-18 clinical chemistry tests (MD/DO)	44.00
80019-00	19 or more clinical chemistry tests (indicate instrument used and number of tests performed) (MD/DO)	35.00 32.00

Therapeutic Drug Monitoring

80031-00	Therapeutic quantitative drug monitoring in blood and/or urine ; body fluids and or excreta; measurement one drug (MD/DO)	37.80 \$ 33.00
80032-00	two drugs measured	39.00

Proposed Rules

Organ or Disease Oriented Panels

<u>80050-00</u>	<u>General health screen panel</u>	<u>\$ 42.75</u>
<u>80053-00</u>	Executive profile (MD/DO)	60.00
<u>80055-00</u>	Obstetric profile (MD/DO)	32.00 <u>35.00</u>
<u>80056</u>	<u>Amenorrhea profile</u>	130.00
<u>80058-00</u>	Hepatic function panel (MD/DO)	28.00 <u>29.50</u>
<u>80059-00</u>	Hepatitis panel (MD/DO)	57.25 <u>76.00</u>
<u>80060-00</u>	Hypertension panel (MD/DO)	30.00
<u>80061-00</u>	Lipid profile (MD/DO)	30.00
<u>80062-00</u>	Cardiac evaluation (including coronary risk) panel (MD/DO)	32.00 <u>30.00</u>
<u>80063-00</u>	<u>Cardiac injury panel</u>	<u>51.00</u>
<u>80064-00</u>	Cardiac injury panel; with creatine phosphokinase (CPK) and/or lactic dehydrogenase (LDH) isoenzyme determination (MD/DO)	25.00
<u>80065-00</u>	Metabolic panel (MD/DO)	48.75 <u>50.25</u>
<u>80070-00</u>	Thyroid panel (MD/DO)	29.50 <u>30.50</u>
<u>80071-00</u>	<u>with thyrotropin releasing hormone (TRH) (MD/DO)</u>	<u>49.50</u>
<u>80072-00</u>	Arthritis panel (MD/DO)	41.00 <u>43.00</u>
<u>80073-00</u>	<u>Renal panel</u>	<u>28.00</u>
<u>80085-00</u>	<u>Microcytic anemia panel</u>	<u>62.00</u>
<u>80086-00</u>	Macrocytic anemia panel (MD/DO)	42.00 <u>37.60</u>
<u>80090-00</u>	<u>Antibody panel (e.g., TORCH: toxoplasma IFA, rubella HI, cytomegalovirus CF, herpes virus CF)</u>	<u>74.00</u>

Consultations (Clinical Pathology)

<u>80500-00</u>	<u>Clinical pathology consultation; limited, without review of patient's history and medical records</u>	<u>\$ 18.00</u>
-----------------	--	-----------------

Subp. 3. **Urinalysis.** The following codes, service descriptions, and maximum fees apply to urinalysis procedures.

Code	Service	Maximum Fee
<u>81000-00</u>	Urinalysis; routine (pH, specific gravity, protein, tests for reducing substances as glucose), with microscopy (MD/DO)	\$ 41.00 <u>12.00</u>
<u>81002-00</u>	routine, without microscopy (MD/DO)	7.00
<u>81004-00</u>	components, single, not otherwise listed, specify (MD/DO)	6.50 <u>6.00</u>
<u>81005-00</u>	chemical, qualitative, any number of constituents (MD/DO)	5.50 <u>6.50</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>81010-00</u>	<u>concentration and dilution test (MD/DO)</u>	<u>5.00</u>
<u>81015-00</u>	<u>microscopic only (MD/DO)</u>	<u>8.00</u>
<u>81020-00</u>	<u>two or three glass test</u>	<u>10.00</u>

Subp. 4. **Chemistry and toxicology.** The following codes, service descriptions, and maximum fees apply to chemistry and toxicology procedures. The material for examination may be from any source. Examination is quantitative unless otherwise specified.

Code	Service	Maximum Fee
<u>82009-00</u>	<u>Acetone, qualitative</u>	<u>7.25</u>
<u>82010-00</u>	<u>quantitative</u>	<u>6.00</u>
<u>82011-00</u>	<u>Acetylsalicylic acid; quantitative (MD/DO)</u>	\$ 49.00 <u>20.50</u>
<u>82024-00</u>	<u>Adrenocorticotrophic hormone (ACTH), RIA</u>	<u>101.20</u>
<u>82042-00</u>	<u>Albumin; urine, quantitative (specify method, e.g., Esbach)</u>	<u>2.90</u>
<u>82060</u>	<u>Alcohol; blood; by gas-liquid chromatography</u>	<u>36.40</u>
<u>82070-00</u>	<u>Alcohol (ethanol), urine; by gas-liquid chromatography</u>	<u>46.50</u>
<u>82085-00</u>	<u>Aldolase, blood; kinetic ultraviolet method</u>	<u>27.00</u>
<u>82088-00</u>	<u>Aldosterone; RIA, blood</u>	<u>132.30</u>
<u>82130-00</u>	<u>Amino acids, urine or plasma, chromatographic fractionation and quantitation; one or more</u>	<u>176.90</u>
<u>82137-00</u>	<u>Aminophylline (MD/DO)</u>	32.50 <u>35.00</u>
<u>82138-00</u>	<u>Amitriptyline</u>	<u>51.40</u>
<u>82140-00</u>	<u>Ammonia; blood</u>	<u>31.50</u>
<u>82143-00</u>	<u>Amniotic fluid scan (spectrophotometric)</u>	<u>58.00</u>
<u>82150-00</u>	<u>Amylase, serum (MD/DO)</u>	49.00 <u>20.30</u>
<u>82156-00</u>	<u>Amylase, urine (MD/DO)</u>	20.30 <u>21.30</u>
<u>82157-00</u>	<u>Androstenedione, RIA</u>	<u>90.00</u>
<u>82164-00</u>	<u>Angiotensin-converting enzyme</u>	<u>35.50</u>
<u>82172-00</u>	<u>Apolipoprotein, immunoassay</u>	<u>25.00</u>
<u>82205-00</u>	<u>Barbiturates; quantitative (MD/DO)</u>	32.75 <u>28.00</u>
<u>82210-00</u>	<u>quantitative and identification (MD/DO)</u>	<u>31.00</u>
<u>82245</u>	<u>Bile pigments, urine</u>	<u>6.00</u>
<u>82250-00</u>	<u>Bilirubin; blood, total OR direct (MD/DO)</u>	<u>15.00</u>
<u>82251-00</u>	<u>blood, total AND direct</u>	<u>22.00</u>
<u>82270-00</u>	<u>Blood; occult, feces, screening</u>	<u>8.00</u>
<u>82273-00</u>	<u>duodenal, gastric contents, qualitative</u>	<u>6.00</u>
<u>82306-00</u>	<u>Calcifediol (25-OH Vitamin D-3), chromatographic technique</u>	<u>133.50</u>
<u>82310-00</u>	<u>Calcium, blood; chemical (MD/DO)</u>	43.75 <u>14.95</u>
<u>82330-00</u>	<u>fractionated diffusible</u>	<u>24.00</u>
<u>82340-00</u>	<u>Calcium, urine; quantitative, timed specimen (MD/DO)</u>	47.40 <u>17.50</u>

Proposed Rules

<u>82355-00</u>	<u>Calculus (stone), qualitative,</u> <u>chemical</u>	30.50	<u>30.50</u>
<u>82360-00</u>	<u>Calculus (stone, quantitative;</u> <u>chemical</u>		<u>31.50</u>
<u>82372-00</u>	Carbamazepine, serum (MD/DO)	30.00	<u>32.00</u>
<u>82374-00</u>	<u>Carbon dioxide, combining power</u> <u>or content</u>		<u>19.15</u>
<u>82375-00</u>	<u>Carbon monoxide, (carboxyhemoglobin);</u> <u>quantitative</u>		<u>42.10</u>
<u>82376-00</u>	<u>qualitative</u>		<u>10.00</u>
<u>82380-00</u>	<u>Carotene, blood</u>		<u>28.00</u>
<u>82382-00</u>	<u>Catecholamines (dopamine, norepinephrine,</u> <u>epinephrine); total urine</u>		<u>66.00</u>
<u>82384-00</u>	<u>fractionated</u>		<u>77.00</u>
<u>82390-00</u>	<u>Ceruloplasmin, chemical (copper oxidase),</u> <u>blood</u>		<u>29.00</u>
<u>82435-00</u>	Chlorides; blood (specify chemical or electrometric) (MD/DO)	17.00	<u>18.00</u>
<u>82465-00</u>	Cholesterol, serum; total (MD/DO)	14.40	<u>15.00</u>
<u>82470-00</u>	<u>total and esters</u>		<u>15.35</u>
<u>82480-00</u>	Cholinesterase; serum (MD/DO)	35.00	<u>39.00</u>
<u>82486-00</u>	<u>Chromatography; gas-liquid, compound and</u> <u>method not elsewhere specified</u>		<u>61.50</u>
<u>82507-00</u>	<u>Citrate</u>		<u>69.20</u>
<u>82512-00</u>	Clonazepam (MD/DO)	39.40	<u>49.00</u>
<u>82525-00</u>	<u>Copper; blood</u>		<u>33.00</u>
<u>82529-00</u>	<u>Cortisol; fluorometric, plasma</u>		<u>39.85</u>
<u>82533-00</u>	Cortisol; RIA, plasma (MD/DO)	41.00	<u>40.00</u>
<u>82534-00</u>	<u>RIA, urine</u>		<u>47.00</u>
<u>82540-00</u>	Creatine; blood (MD/DO)	12.00	<u>15.00</u>
<u>82546-00</u>	<u>Creatine and creatinine</u>		<u>12.00</u>
<u>82550-00</u>	<u>Creatine phosphokinase (CPK), blood; timed</u> <u>kinet ultraviolet method</u>		<u>20.90</u>
<u>82552-00</u>	<u>isoenzymes</u>		<u>34.00</u>
<u>82555-00</u>	Colorimetric (MD/DO)	18.00	<u>16.00</u>
<u>82565-00</u>	Creatinine; blood (MD/DO)	13.75	<u>14.00</u>
<u>82570-00</u>	<u>urine</u>		<u>15.00</u>
<u>82575-00</u>	<u>clearance (MD/DO)</u>	29.00	<u>30.50</u>
<u>82595-00</u>	<u>Cryoglobulin, blood</u>		<u>25.70</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

82607-00	<u>Cyanocobalamin (Vitamin B-12); RIA (MD/DO)</u>	33.00	<u>34.50</u>
82615-00	<u>Cystine and homocystine, urine; qualitative</u>		<u>51.00</u>
82626-00	<u>Dehydroepiandrosterone (DHEA), RIA</u>		<u>75.00</u>
82628-00	<u>Desipramine</u>		<u>50.00</u>
82640-00	<u>Digitoxin (digitalis); blood, RIA</u>		<u>33.00</u>
82643-00	<u>Digoxin, RIA</u>		<u>37.10</u>
82660-00	Drug screen (amphetamines, barbiturates, alkaloids) (MD/DO)		40.00
82662-00	<u>Immunoassay technique for drugs</u>		<u>31.50</u>
82664-00	<u>Electrophoretic technique, not elsewhere specified</u>		<u>110.00</u>
82670-00	<u>Estradiol, RIA (placental)</u>		<u>62.00</u>
82671-00	<u>Estrogens; fractionated</u>		<u>15.00</u>
82672-00	<u>total</u>		<u>70.50</u>
82677-00	<u>Estriol; RIA</u>		<u>49.00</u>
82692-00	<u>Ethosuximide</u>		<u>37.75</u>
82705-00	<u>Fat orlipids, feces; screening</u>		<u>19.50</u>
82728-00	<u>Ferritin, specify method (e.g., RIA, immunoradiometric assay)</u>		<u>37.25</u>
82730-00	<u>Fibrinogen, quantitative</u>		<u>28.50</u>
82745-00	<u>Folic acid (folate), blood; bioassay</u>		<u>44.50</u>
82746-00	<u>RIA</u>		<u>40.00</u>
82756-00	Free thyroxine index (T-7) (MD/DO)	25.00	<u>28.50</u>
82784-00	<u>Gammaglobulin, E (e.g., RIA, EIA)</u>		<u>44.00</u>
82785-00	Gammaglobulin, E (MD/DO)	28.50	<u>32.50</u>
82792-00	Gases, blood, oxygen saturation; by oximetry <u>calculation from pO2</u> (MD/DO)	35.00	<u>35.90</u>
82801-00	<u>Gasses, blood; pCO2</u>		<u>10.50</u>
82941-00	<u>Gastrin, RIA</u>		<u>35.00</u>
82946-00	<u>Glucagon tolerance test</u>		<u>20.00</u>
82947-00	Glucose; except urine (for example, blood, spinal fluid, joint fluid) (MD/DO)		14.00
82948-00	<u>blood, stick test</u>		<u>10.50</u>
82949-00	<u>Glucose; fermentation (MD/DO)</u>	9.00	<u>10.25</u>
82950-00	post glucose dose (includes glucose)	15.00	<u>16.00</u>
82951-00	tolerance test (GTT), three specimens (includes glucose) (MD/DO)	42.00	<u>40.50</u>
82952-00	<u>tolerance test, each additional beyond three specimens</u>		<u>23.25</u>
82954-00	<u>Glucose, urine</u>		<u>7.00</u>

Proposed Rules

<u>82977-00</u>	<u>Glutamyl transpeptidase, gamma (GGT)</u>		<u>16.30</u>
<u>82996</u>	<u>Gonadotropin, chorionic, bioassay;</u> <u>qualitative</u>		<u>17.00</u>
<u>82997</u>	<u>quantitative</u>		<u>22.00</u>
<u>82998</u>	<u>Gonadotropin, chorionic, RIA</u>		<u>28.50</u>
<u>83000-00</u>	<u>Gonadotropin, pituitary, follicle</u> <u>stimulating hormone (FSH); bioassay</u>		<u>45.00</u>
<u>83001-00</u>	<u>RIA (MD/DO)</u>	44.00	<u>45.90</u>
<u>83002-00</u>	<u>Gonadotropin, pituitary, luteinizing</u> <u>hormone (LH) (ICSH), RIA</u>		<u>50.00</u>
<u>83003-00</u>	<u>Growth hormone, human (HGH)</u> <u>(somatotropin); RIA</u>		<u>48.00</u>
<u>83010-00</u>	<u>Haptoglobin; chemical</u>		<u>37.00</u>
<u>83015-00</u>	<u>Heavy metal screen (arsenic, bismuth,</u> <u>mercury, antimony); chemical (e.g., Reinsch,</u> <u>Gutzeit)</u>		<u>90.00</u>
<u>83020-00</u>	<u>Hemoglobin; electrophoresis (includes</u> <u>A2, S, C, etc.)</u>		<u>10.00</u>
<u>83036-00</u>	<u>Hemoglobin; glycosylated</u>	19.00	<u>22.50</u>
<u>83050-00</u>	<u>Methemoglobin, quantitative</u>	8.00	<u>12.50</u>
<u>83051-00</u>	<u>plasma</u>		<u>14.55</u>
<u>83150-00</u>	<u>Homovanillic acid (HVA), urine</u>		<u>16.00</u>
<u>83497-00</u>	<u>Hydroxyindolacetic acid, 5-(HIAA), urine</u>		<u>44.80</u>
<u>83498-00</u>	<u>Hydroxyprogesterone, 17-d, RIA</u>		<u>68.95</u>
<u>83523-00</u>	<u>Imipramine (MD/DO)</u>	52.40	<u>50.00</u>
<u>83540-00</u>	<u>Iron, serum; chemical (MD/DO)</u>	15.00	<u>16.40</u>
<u>83545</u>	<u>automated</u>		<u>13.00</u>
<u>83550-00</u>	<u>Iron binding capacity, serum; chemical</u>		<u>21.25</u>
<u>83555-00</u>	<u>automated</u>	26.30	<u>27.60</u>
<u>83565-00</u>	<u>Iron binding capacity, serum;</u> <u>radioactive uptake method</u>	26.50	<u>27.50</u>
<u>83582-00</u>	<u>Ketogenic steroids, urine; 17-(17-KGS)</u>		<u>43.90</u>
<u>83589-00</u>	<u>Ketosteroids, 17-(17-KS), urine; total</u>		<u>42.00</u>
<u>83615-00</u>	<u>Lactic dehydrogenase (LDH), blood; kinetic</u> <u>ultraviolet method</u>		<u>20.50</u>
<u>83620-00</u>	<u>Lactic dehydrogenase (LDH), blood</u> <u>colorimetric or fluorometric (MD/DO)</u>	14.55	<u>16.50</u>
<u>83625-00</u>	<u>isoenzymes, electrophoretic separation</u> <u>and quantitation</u>		<u>28.00</u>
<u>83631-00</u>	<u>Lactic dehydrogenase (LDH), CSF</u>		<u>11.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>83645-00</u>	<u>Lead, screening; blood</u>	<u>11.00</u>
<u>83655-00</u>	<u>Lead, quantitative; blood</u>	<u>35.00</u>
<u>83690-00</u>	<u>Lipase, blood (MD/DO)</u>	<u>19.90 22.00</u>
<u>83700-00</u>	<u>total</u>	<u>20.00</u>
<u>83705-00</u>	<u>Lipids, blood; fractionated</u>	<u>19.20 23.00</u>
<u>83715-00</u>	<u>Lipoprotein, blood; electrophoretic separation and quantitation (phenotyping)</u>	<u>30.00</u>
<u>83718-00</u>	<u>Lipoprotein high density cholesterol by precipitation method</u>	<u>17.90 18.80</u>
<u>83719-00</u>	<u>Lipoprotein very low density cholesterol VLDL cholesterol) by ultracentrifugation</u>	<u>24.00</u>
<u>83720-00</u>	<u>Lipoprotein cholesterol fractionation calculation by formula</u>	<u>19.00</u>
<u>83725-00</u>	<u>Lithium, blood, quantitative (MD/DO)</u>	<u>18.75 20.85</u>
<u>83735-00</u>	<u>Magnesium, blood; chemical (MD/DO)</u>	<u>17.10 17.55</u>
<u>83750-00</u>	<u>atomic absorption</u>	<u>20.00</u>
<u>83835-00</u>	<u>Metanephrines, urine (MD/DO)</u>	<u>29.45 49.00</u>
<u>83916-00</u>	<u>Oligoclonal immune globulin (Ig), CSF, by electrophoresis</u>	<u>61.75</u>
<u>83930-00</u>	<u>Osmolality; blood (MD/DO)</u>	<u>9.80 10.30</u>
<u>83945-00</u>	<u>Oxalate, urine</u>	<u>35.00</u>
<u>83947-00</u>	<u>Oxybutyric acid, beta</u>	<u>15.20</u>
<u>83970-00</u>	<u>Parathormone, RIA (MD/DO)</u>	<u>92.90 108.50</u>
<u>84030</u>	<u>Phenylalanine (PKU), blood; Guthrie</u>	<u>13.00</u>
<u>84035-00</u>	<u>Phenylketones; blood, qualitative</u>	<u>15.00</u>
<u>84045-00</u>	<u>Phenytoin (MD/DO)</u>	<u>29.50 31.00</u>
<u>84060-00</u>	<u>Phosphatase, acid; blood (MD/DO)</u>	<u>21.50 22.00</u>
<u>84065-00</u>	<u>prostatic fraction (MD/DO)</u>	<u>24.00 25.00</u>
<u>84066-00</u>	<u>prostatic fraction, RIA</u>	<u>48.00</u>
<u>84075-00</u>	<u>Phosphatase, alkaline, blood (MD/DO)</u>	<u>15.00 15.80</u>
<u>84078-00</u>	<u>heat stable (total not included)</u>	<u>16.80</u>
<u>84080-00</u>	<u>isoenzymes, electrophoretic method (MD/DO)</u>	<u>39.00 41.00</u>
<u>84100-00</u>	<u>Phosphorus (phosphate); blood (MD/DO)</u>	<u>11.40 14.00</u>
<u>84105-00</u>	<u>urine (MD/DO)</u>	<u>14.50 15.50</u>
<u>84126-00</u>	<u>Porphyrins, feces, quantitative</u>	<u>33.50</u>
<u>84132-00</u>	<u>Potassium; blood (MD/DO)</u>	<u>15.00 14.25</u>
<u>84133-00</u>	<u>urine</u>	<u>11.00</u>
<u>84136-00</u>	<u>Pregnanediol; other method (specify)</u>	<u>15.00</u>
<u>84141-00</u>	<u>Primidone (MD/DO)</u>	<u>40.70 40.50</u>
<u>84142-00</u>	<u>Procainamide</u>	<u>43.00</u>
<u>84144-00</u>	<u>Progesterone, any method (MD/DO)</u>	<u>45.00 50.00</u>
<u>84146-00</u>	<u>Prolactin, RIA (MD/DO)</u>	<u>46.00 50.00</u>
<u>84155-00</u>	<u>Protein, total, serum; chemical</u>	<u>14.10</u>

Proposed Rules

84165-00	Protein, total, serum; electrophoretic fractionation and quantitation <u>(MD/DO)</u>	25.70 <u>27.00</u>
84175-00	Protein, other sources, quantitative <u>(MD/DO)</u>	16.50 <u>19.50</u>
84180-00	Protein, urine; quantitative, 24-hour specimen <u>(MD/DO)</u>	16.70 <u>18.00</u>
84185-00	<u>Bence-Jones</u>	<u>12.20</u>
84190-00	electrophoretic fractionation and quantitation <u>(MD/DO)</u>	32.20 <u>27.35</u>
84195-00	<u>Protein, spinal fluid; semi-quantitative (Pandy)</u>	<u>19.00</u>
84202-00	Protoporphyrin, RBC; quantitative <u>(MD/DO)</u>	<u>13.00</u>
84203-00	screen <u>(MD/DO)</u>	<u>9.00</u>
84207-00	<u>Pyridoxine (Vitamin B-6)</u>	<u>6.00</u>
84208-00	<u>Pyrophosphate vs urate, crystals (polarization)</u>	<u>15.50</u>
84220-00	<u>Pyruvic Kinase, RBC</u>	<u>41.90</u>
84230-00	<u>Quinidine, blood</u>	<u>31.00</u>
84231-00	<u>Radioimmunoassay (RIA) not elsewhere specified</u>	<u>52.00</u>
84233-00	<u>Receptor assay; estrogen (estradiol)</u>	<u>58.00</u>
84238-00	<u>non-endocrine (e.g., acetylcholine) (specify receptor)</u>	<u>103.10</u>
84244-00	<u>Renin (angiotensin I); (RIA)</u>	<u>65.70</u>
84275-00	<u>Sialic acid, blood</u>	<u>78.00</u>
84295-00	Sodium; blood <u>(MD/DO)</u>	12.00 <u>14.75</u>
84300-00	<u>urine</u>	<u>15.50</u>
84403-00	Testosterone, blood, RIA <u>(MD/DO)</u>	84.00 <u>79.30</u>
84408-00	<u>Tetrahydrocannabinol THC (marijuana)</u>	<u>30.00</u>
84420-00	Theophylline, blood, or saliva <u>(MD/DO)</u>	30.00 <u>32.00</u>
84435-00	Thyroxine, CPB or resin uptake <u>(MD/DO)</u>	18.00 <u>16.00</u>
84436-00	Thyroxine, true, RIA <u>(MD/DO)</u>	18.50 <u>19.25</u>
84439-00	Thyroxine, free, RIA <u>(MD/DO)</u>	22.00 <u>20.00</u>
84442-00	Thyroxine binding globulin (TBG) <u>(MD/DO)</u>	33.50 <u>35.20</u>
84443-00	Thyroid stimulating hormone (TSH), RIA <u>(MD/DO)</u>	37.95 <u>40.00</u>
84447-00	Toxicology, screen; general <u>(MD/DO)</u>	87.00 <u>68.30</u>
84448-00	<u>sedative (MD/DO)</u>	<u>40.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

84450-00	Transaminase, glutamic oxaloacetic (SGOT), blood; timed kinetic ultraviolet method (MD/DO)	15.00 16.00
84455-00	colorimetric or fluorometric (MD/DO)	14.00
84460-00	Transaminase, glutamic pyruvic (SGPT), blood; timed kinetic ultraviolet method (MD/DO)	14.00 16.00
84465-00	colorimetric or fluorometric	15.50
84478-00	Triglycerides, blood (MD/DO)	15.00
84479-00	Triiodothyronine (t-3), resin uptake	19.80
84480-00	Triiodothyronine, true, RIA (MD/DO)	50.00
84520-00	Urea nitrogen, blood (BUN); quantitative (MD/DO)	14.00 14.50
84550-00	Uric acid; blood, chemical (MD/DO)	14.00 15.00
84555-00	uricase, ultraviolet method (MD/DO)	13.20 17.40
84560-00	Uric acid, urine (MD/DO)	17.50 20.00
84580-00	Urobilinogen, urine; quantitative, timed specimen	12.00
84585-00	Vanillylmandelic acid (VMA), urine	53.60
84630-00	Zinc, quantitative; blood	28.10
84702-00	Gonadotropin, chorionic; quantitative	28.30
84703-00	qualitative	20.00
84999-00	Unlisted chemistry or toxicology procedure	34.00

Subp. 5. **Hematology.** The following codes, service descriptions, and maximum fees apply to hematology procedures.

Code	Service	Maximum Fee
85000-00	Bleeding time; Duke (MD/DO)	\$ 8.00
85002-00	Ivy or template (MD/DO)	20.40 21.40
85007-00	Blood count; basophil count , manual differential WBC count (includes RBC morphology and platelet estimation) (MD/DO)	11.00 11.25
85009-00	differential WBC count, buffy coat	19.00
85012-00	eosinophil count, direct (MD/DO)	14.00
85014-00	hematocrit (MD/DO)	7.00 9.00
85018-00	hemoglobin, colorimetric (MD/DO)	9.00 9.50
85021-00	hemogram, automated (RBC, WBC, Hgb, Hct and indexes only) (MD/DO)	19.00
85022-00	hemogram, automated, with platelet count and manual differential WBC count (CBC) (MD/DO)	25.00 24.25
85023-00	hemogram and platelet count, automated, and manual differential WBC count (CBC)	31.50
85024-00	hemogram and platelet count, automated, and automated partial differential WBC count (CBC)	23.00

Proposed Rules

<u>85025-00</u>	<u>hemogram and platelet count, automated, and automated complete differential WBC count (CBC)</u>		<u>27.20</u>
<u>85027-00</u>	<u>hemogram, and platelet count, automated, and differential WBC count (CBC) (MD/DO)</u>	14.50	<u>15.25</u>
<u>85028</u>	<u>Hemogram, automated, and differential WBC count (CBC) with platelet count</u>		<u>26.00</u>
<u>85029-00</u>	<u>Additional automated hemogram indices (e.g., red cell distribution width (RDW), mean platelet volume (MPV), red blood cell histogram, platelet histogram, white blood cell histogram; 1-3 indices</u>		<u>10.50</u>
<u>85030-00</u>	<u>4 or more indices</u>		<u>15.00</u>
<u>85031-00</u>	<u>hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indexes) (MD/DO)</u>	21.00	<u>22.00</u>
<u>85041-00</u>	<u>red blood cell (RBC) only</u>		<u>8.00</u>
<u>85044-00</u>	<u>reticulocyte count (MD/DO)</u>	13.25	<u>13.50</u>
<u>85048-00</u>	<u>White blood cell (WBC) (MD/DO)</u>	9.00	<u>10.00</u>
<u>85060-00</u>	<u>Blood smear, peripheral, interpretation by physician with written report</u>		<u>50.50</u>
<u>85095-00</u>	<u>Bone marrow smear and/or cell block; aspiration only</u>		<u>87.00</u>
<u>85097-00</u>	<u>Bone marrow smear and/or cell block; smear interpretation only (MD/DO)</u>	80.00	<u>75.00</u>
<u>85097-26</u>	<u>professional component only</u>		<u>70.00</u>
<u>85100-00</u>	<u>aspiration, staining, and interpretation (MD/DO)</u>	105.00	<u>114.00</u>
<u>85102-00</u>	<u>Bone marrow needle biopsy (MD/DO)</u>	80.00	<u>94.00</u>
<u>85103-2600</u>	<u>Bone marrow needle biopsy; staining and interpretation; professional component only (MD/DO)</u>	43.00	<u>115.00</u>
<u>85105-2600</u>	<u>professional component only interpretation only (MD/DO)</u>	70.00	<u>81.50</u>
<u>85210-00</u>	<u>Clotting; factor II, prothrombin, specific</u>		<u>14.00</u>
<u>85240-00</u>	<u>factor VIII (AHG), 1 stage</u>		<u>77.20</u>
<u>85341-00</u>	<u>Clotting inhibitors or anticoagulants; PTT inhibition test</u>		<u>14.00</u>
<u>85368-00</u>	<u>Fibrin degradation (split) products (FDP) (FSP); protamine paracoagulation (PPP)</u>		<u>11.00</u>
<u>85540-00</u>	<u>Leukocyte alkaline phosphatase with count</u>		<u>27.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

85544-00	Lupus erythematosus (LE) cell prep (MD/DO)	24.00 20.00
85548-00	Morphology of red blood cells only (MD/DO)	27.00
85575-00	Platelet; adhesiveness (in vivo)	11.00
85580-00	Platelet; count (Rees-Ecker) (MD/DO)	14.00
85585-00	Platelet; estimation on smear only (MD/DO)	9.00
85590-00	phase microscopy (MD/DO)	15.00
85595-00	electronic technique (MD/DO)	14.00
85610-00	Prothrombin time; (MD/DO)	12.00 13.00
85618-00	Prothrombin-Proconvertin, P&P (Owren)	9.80
85630-00	Red blood cell size (Price-Jones)	12.00
85650-00	Sedimentation rate (ESR); Wintrobe type (MD/DO)	10.00 11.00
85651-00	Westergren type (MD/DO)	9.50 10.00
85660-00	Sickling of RBC, reduction, slide method (MD/DO)	14.00 12.00
85670-00	Thrombin time; plasma	25.00
85730-00	Thromboplastin time, partial; plasma or whole blood (MD/DO)	17.30 19.00

Subp. 6. **Immunology.** The following codes, service descriptions, and maximum fees apply to immunology procedures.

Code	Service	Maximum Fee
86000-00	Agglutinins; febrile, each antigen (MD/DO)	\$ 16.20 19.00
86004-00	warm	15.50
86006-00	Antibody, qualitative, not otherwise specified; first antigen, slide or tube (MD/OD)	15.50 16.00
86007-00	Antibody, qualitative, not otherwise specified; each additional antigen (MD/DO)	25.00
86008-00	Antibody, quantitative titer, not otherwise specified; first antigen	20.00
86009-00	each additional antigen	37.00
86012-00	Antibody absorption, cold auto absorption; per serum	15.50
86013-00	Antibody absorption, cold auto absorption; differential (MD/DO)	7.50 8.00
86-16-00	Antibodies, RBC, saline; high protein and antihuman globulin technique	27.00
86017-00	with ABO + Rh(D) typing (for blood instead of complete crossmatch)	15.00
86018-00	enzyme technique, including antihuman globulin	10.00
86024-00	Antibody identification; RBC antibodies (8-10 cell panel); standard technique (MD/DO)	24.00 26.00

Proposed Rules

86028-00	Saline or high protein, each (MD/DO)	34.50 <u>27.50</u>
86031-00	Antihuman globulin test; direct, 1-3 dilutins (MD/DO)	14.13 <u>15.25</u>
86032-00	indirect, qualitative (MD/DO)	20.00 <u>17.50</u>
86033-00	indirect, titer (broad, gamma or nongamma each)	<u>10.00</u>
86038-00	Antinuclear antibodies (ANA), RIA	<u>30.00</u>
86060-00	Antistreptolysin O; titer (MD/DO)	19.25 <u>23.00</u>
86063-00	screen (MD/DO)	14.00 <u>15.00</u>
86066-00	Antitrypsin, alpha-1; Pi (protest inhibitor) typing	<u>21.00</u>
86067-00	other method (specify)	<u>54.50</u>
86069-00	Blood crossmatch, complete standard technique, includes typing and antibody screening of recipient and donor; each additional unit	<u>35.50</u>
86072	Blood crossmatch; enzyme technique	<u>20.40</u>
86075-00	Blood crossmatch, minor only (plasma, Rh immune globulin), includes recipient and donor typing and antibody screening first unit	<u>18.25</u>
86080-00	Blood typing; ABO only (MD/DO)	8.00 <u>11.75</u>
86082-00	ABO and Rho(D) (MD/DO)	20.30 <u>21.30</u>
86095-00	Blood typing, RBC, antigens other than ABO or Rho(D); antiglobulin technique, each antigen (MD/DO)	<u>20.00</u>
86096-00	direct, slide or tube, including Rh subtypes, each antigen	<u>13.50</u>
86100-00	Blood typing; Rho(D) only	<u>12.50</u>
86105-00	Blood typing; Rh genotyping, complete (MD/DO)	8.00 <u>8.50</u>
86115-00	anti-Rh immunoglobulin testing (RhoGAM type)	<u>45.00</u>
86128-00	Blood autotransfusion, including collection, processing, and storage	<u>19.05</u>
86140-00	C-reactive protein (MD/DO)	13.50 <u>14.00</u>
86149-00	Carcinoembryonic antigen (CEA); gel diffusion	<u>51.00</u>
86151-00	Carcinoembryonic antigen (CEA); RIA or EIA (MD/DO)	<u>60.00</u>
86158-00	Complement; C'1 esterase	<u>44.00</u>
86162-00	total (CH 50)	<u>56.60</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

86163-00	Complement; C'3 esterase (MD/DO)	28.56	30.00
86164-00	C'4 esterase		28.00
86171-00	Complement fixation tests, each (for example, cat scratch fever, coccidioidomycosis, histoplasmosis, psittacosis, rubella, streptococcus MG, syphilis) (MD/DO)	45.50	16.50
86185	Counterelectrophoresis, each antigen		81.50
86225-00	Deoxyribonucleic acid (DNA) antibody (MD/DO)	33.45	40.00
86229-00	Enzyme immunoassay for chemical constituent		15.80
86235-00	Antibody to specific nuclear antigen, any method, each		65.50
86244-00	Feto-protein, alpha-1, RIA or EIA		49.70
86255-00	Fluorescent antibody; screen (MD/DO)	30.00	28.00
86256-00	titer (MD/DO)	30.70	34.00
86265-00	Frozen blood, preparation for freezing, each unit, including processing and collection		50.10
86277-00	Growth hormone, human (HGH), antibody, RIA		17.00
86280-00	Hemagglutination inhibition tests (HAI), each (for example, amebiasis, rubella, viral) (MD/DO)	46.00	19.00
86282-00	Hemolysins and agglutinins, auto, screen, each		21.25
86286	Hepatitis B surface antigen (HBsAg) (Australian antigen, HAA); counterelectro- phoresis with concentration of serum		25.00
86287-00	Hepatitis B surface antigen (HBsAg) (Australian antigen, HAA, RIA or EIA		26.70
86288-00	Hepatitis B core antigen (HBcAg), RIA		27.00
86289-00	Hepatitis B core antibody; RIA or EIA (HBcAg) (MD/DO)	45.00	35.00
86291-00	Hepatitis B surface antibody (MD/DO)	25.40	26.70
86293-00	Hepatitis Be antigen (MD/DO)	52.00	33.00
86296-00	Hepatitis A antibody (MD/DO)	33.30	33.74
86298-00	IgG antibody		40.00
86299-00	IgM antibody		35.40
86300-00	Heterophile antibodies; screening (includes monotype test), slide or tube (MD/DO)	44.50	15.00
86305-00	Heterophile antibodies; quantitative titer (MD/DO)	48.00	20.00
86312-00	HIV (HTLV-III) antibody detection; immunoassay		22.00

Proposed Rules

<u>86314-00</u>	<u>confirmatory test (e.g., Western blot)</u>	<u>47.00</u>
<u>86320-00</u>	<u>Immunoelectrophoresis; serum, each</u>	<u>65.50</u>
<u>86325-00</u>	<u>other fluids (e.g., urine) with</u> <u>concentration, each specimen</u>	<u>65.50</u>
<u>86329-00</u>	Immunodiffusion; quantitative, each IgA, IgG, IgM, ceruloplasmin, transferrin, alpha-2, macroglobulin, complement fractions, alpha-1 antitrypsin, or other (specify) (MD/DO)	40.00 <u>50.00</u>
<u>86335-00</u>	<u>Immunoglobulin typing (Gc, Gm,</u> <u>Inv), each</u>	<u>15.00</u>
<u>86357-00</u>	<u>Insulin antibodies, RIA</u>	<u>123.70</u>
<u>86376-00</u>	<u>Microsomal antibody (thyroid); RIA</u>	<u>29.40</u>
<u>86377-00</u>	<u>other method (specify)</u>	<u>47.70</u>
<u>86382-00</u>	<u>Neutralization test, viral</u>	<u>9.50</u>
<u>86403-00</u>	<u>Particle agglutination, rapid test</u> <u>for infectious agent, each antigen</u>	<u>14.00</u>
<u>86422-00</u>	<u>Radioallergosorbent test, in vitro</u> <u>testing for allergen-specific IgE (for example,</u> <u>RAST, MAST, FAST, IP, PRIST, etc.); 6 or</u> <u>more tests</u>	<u>15.50</u>
<u>86423-00</u>	<u>Radioimmunosorbent test IgE,</u> <u>quantitative (MD/DO)</u>	<u>35.00</u>
<u>86430-00</u>	Rheumatoid factor, latex fixation	46.50 <u>18.40</u>
<u>86455-00</u>	<u>Skin test; anergy testing, 1 or</u> <u>more antigens</u>	<u>25.00</u>
<u>86490-00</u>	<u>coccidioidomycosis</u>	<u>14.00</u>
<u>86510-00</u>	<u>histoplasmosis</u>	<u>16.00</u>
<u>86580-00</u>	Skin test; tuberculosis, patch , or intradermal (MD/DO)	9.00 <u>9.50</u>
<u>86585-00</u>	tuberculosis, tine test (MD/DO)	7.50 <u>8.00</u>
<u>86590-00</u>	Streptokinase, antibody	40.00 <u>16.00</u>
<u>86592-00</u>	Syphilis, precipitation or flocculation tests; test ; qualitative VDRL, RPR, ART	40.00 <u>12.75</u>
<u>86593-00</u>	<u>quantitative</u>	<u>12.00</u>
<u>86594-00</u>	<u>Thyroid autoantibodies</u>	<u>48.00</u>
<u>86595-00</u>	<u>Tissue culture</u>	<u>62.55</u>
<u>86600-00</u>	<u>Toxoplasmosis, dye test</u>	<u>16.00</u>
<u>86650</u>	Treponema antibodies, fluorescent, absorbed (MD/DO)	37.50 <u>39.40</u>
<u>86800-00</u>	<u>Thyroglobulin antibody, RIA</u>	<u>42.40</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

<u>86812-00</u>	<u>Tissue typing; HLA typing, A, B, or C (for example, A10, B7, B27), single antigen</u>	<u>65.00</u>
-----------------	--	--------------

Subp. 7. **Microbiology.** The following codes, service descriptions, and maximum fees apply to microbiology procedures.

Code	Service	Maximum Fee
<u>87040</u>	Culture, bacterial, definitive, aerobic; blood (may include anaerobic screen)	\$ 23.00
<u>87015-00</u>	<u>Concentration (any type), for parasites, ova, or tubercle bacillus (TB, AFB)</u>	<u>27.00</u>
<u>87045-00</u>	stool	27.50 <u>28.40</u>
<u>87060-00</u>	Culture, bacterial, definitive, aerobic; throat or nose	12.00 <u>12.50</u>
<u>87070-00</u>	any other source	21.00 <u>23.00</u>
<u>87072-00</u>	Culture, presumptive, pathogenic organisms or direct bacterial identification method, each organism, by commercial kit, any source except urine	13.50 <u>16.20</u>
<u>87075-00</u>	<u>Culture, bacterial, any source;</u> <u>anaerobic (isolation)</u>	<u>29.00</u>
<u>87081-00</u>	Culture, bacterial, screening only, for single organisms	12.70 <u>14.50</u>
<u>87082-00</u>	Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms	12.00 <u>15.00</u>
<u>87083-00</u>	<u>multiple organisms</u>	<u>17.25</u>
<u>87084-00</u>	<u>with colony estimation from density chart</u>	<u>10.00</u>
<u>87085-00</u>	<u>with colony count</u>	<u>29.00</u>
<u>87086-00</u>	Culture, bacterial, urine; quantitative, colony count (MD/DO)	17.60 <u>19.00</u>
<u>87087-00</u>	<u>commercial kit</u>	<u>11.25</u>
<u>87088-00</u>	identification, in addition to quantitative or commercial kit	22.00 <u>23.00</u>
<u>87101-00</u>	<u>Culture, fungi, isolation; skin</u>	<u>18.00</u>
<u>87102-00</u>	<u>other source (except blood)</u>	<u>13.50</u>
<u>87106-00</u>	Culture, fungi, isolation; skin; definitive identification, by culture, per organism, in addition to skin or other source of each fungus	26.30 <u>27.60</u>
<u>87109-00</u>	<u>Culture, mycoplasma, any source</u>	<u>43.50</u>
<u>87116-00</u>	<u>Culture, tubercle or other acid-fast bacilli (for example, TB, AFB, mycobacteria); source, isolation only</u>	<u>31.00</u>
<u>87117-00</u>	<u>concentration plus isolation</u>	<u>36.40</u>
<u>87118-00</u>	<u>Culture, mycobacteria, definitive identification of each organism</u>	<u>25.00</u>

Proposed Rules

87140-00	<u>Culture, typing; fluorescent method, each antiserum</u>	14.50	<u>14.50</u>
87147-00	Serologic method, agglutination grouping, per antiserum (MD/DO)	15.00	<u>20.00</u>
87151-00	<u>serologic method, speciation</u>		<u>19.00</u>
87158-00	<u>other methods</u>		<u>52.40</u>
87163-00	Culture, <u>special extensive definitive diagnostic studies, beyond usual definitive studies any source, additional identification methods required (MD/DO)</u>	22.50	<u>25.00</u>
87164-00	Dark field examination, any source (for example, penile, vaginal, oral, skin); includes specimen collection (MD/DO)	7.50	<u>8.00</u>
87174-00	<u>Endotoxin, bacterial (pyrogens); chemical</u>		<u>40.00</u>
87177-00	Ova and parasites, direct smears, concentration and identification (MD/DO)	24.00	<u>25.30</u>
87181-00	Sensitivity studies, antibiotic; agar diffusion method, each antibiotic (MD/DO)		<u>15.00</u>
87184-00	disc method, each plate (12 or less discs)	17.50	<u>18.75</u>
87186-00	microtiter, minimum inhibitory concentration (MIC), 8 or less <u>any number of antibiotics (MD/DO)</u>	21.05	<u>22.50</u>
87188-00	<u>macrotube dilution method, each antibiotic</u>		<u>16.50</u>
87205-00	Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types (MD/DO)	13.00	<u>14.60</u>
87206-00	<u>fluorescent and/or acid fast stain for bacteria, fungi, or cell types</u>		<u>30.00</u>
87207-00	<u>special stain for inclusion bodies or intracellular parasites (for example, malaria, kala azar, herpes)</u>		<u>31.00</u>
87208-00	direct or concentrated, dry, for ova and parasites (MD/DO)	12.50	<u>13.00</u>
87210-00	wet mount with simple stain and interpretation , for bacteria, fungi, ova, or <u>and/or</u> parasites (MD/DO)	12.00	<u>12.25</u>
87211-00	wet and dry mount, with interpretation , for ova and parasites (MD/DO)	11.50	<u>12.00</u>
87220-00	Tissue examination for fungi (for example, KOH slide) (MD/DO)		<u>12.50</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>87250-00</u>	<u>Virus identification;</u> <u>inoculation of embryonated eggs, or</u> <u>small animal, includes observation</u> <u>and dissection</u>	<u>39.00</u>
-----------------	--	--------------

Subp. 8. **Anatomic pathology.** The following codes, service descriptions, and maximum fees apply to anatomic pathology procedures.

Cytopathology

Code	Service	Maximum Fee
<u>88104-00</u>	Cytopathology, fluids, washings or brushings, with centrifugation except cervical or vaginal; smears and interpretation (MD/DO)	\$ 32.25 <u>30.00</u>
<u>88109</u>	smears and cell block with interpretation	53.50
<u>88106-00</u>	<u>filter method only with interpretation</u>	<u>31.70</u>
<u>88107-00</u>	<u>smears and filter preparation with interpretation</u>	<u>30.00</u>
<u>88108-00</u>	<u>concentration technique, smears and interpretation (e.g., Saccomanno technique)</u>	<u>37.00</u>
<u>88130-00</u>	<u>Sex chromatin identification; Barr bodies</u>	<u>15.50</u>
<u>88150-00</u>	<u>Cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), up to 3 smears; screening by technical under physician supervision</u>	<u>16.75</u>
<u>88151-00</u>	<u>requiring interpretation by physician</u>	<u>19.25</u>
<u>88155-00</u>	<u>with definitive hormonal evaluation (e.g., maturation index, karyopknotic index, estrogenic index)</u>	
<u>88160</u>	Cytopathology, any other source; screening and interpretation (MD/DO)	35.00 <u>28.50</u>
<u>88161-2600</u>	preparation, screening, and interpretation; professional component only (MD/DO)	28.50 <u>40.90</u>
<u>88162-00</u>	<u>extended study involving over 5 slides and/or multiple stains</u>	<u>55.00</u>
<u>88170-00</u>	<u>Fine needle aspiration with or without preparation of smears; superficial tissue (e.g., thyroid, breast, prostate)</u>	<u>90.00</u>
<u>88172-00</u>	<u>Evaluation of fine needle aspirate with or without preparation of smears; immediate cytohistologic study to determine adequacy of specimen(s)</u>	<u>27.50</u>
<u>88173-00</u>	<u>interpretation and report</u>	<u>88.00</u>
<u>88260-00</u>	<u>Chromosome analysis; count 5 cells, screening, with banding</u>	<u>400.00</u>
<u>88262-00</u>	<u>count 15-20 cells, 2 karyotypes, with banding</u>	<u>363.40</u>
<u>88267-00</u>	<u>Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding</u>	<u>453.00</u>

Subp. 9. **Surgical pathology.** The following codes, service descriptions, and maximum fees apply to surgical pathology procedures. The services listed include accession, handling, and reporting. Only one of the codes listed (88302 to 88307) should be used in reporting specimens (single or multiple) that are removed during a single surgical procedure.

Proposed Rules

Code	Service	Maximum Fee
<u>88300-00</u>	<u>Surgical pathology, gross examination only</u>	<u>25.00</u>
<u>88302-00</u>	Surgical pathology, gross and microscopic; examination for <u>of presumptively normal tissue</u> , for identification and record purposes (for example, uterine tubes, vas deferens, sympathetic ganglion) (MD/DO)	\$ 35.00 <u>36.00</u>
<u>88302-26</u>	professional component only	<u>31.00</u>
<u>88304-00</u>	<u>Surgical pathology, gross and microscopic</u> ; diagnostic exam; small or examination of presumptively abnormal tissue ; uncomplicated specimen (for example, skin lesion, needle biopsy) (MD/DO)	<u>45.00</u>
<u>88305-00</u>	<u>single complicated or multiple uncomplicated specimen(s), without complex dissection</u>	<u>73.90</u>
<u>88307-00</u>	complex diagnostic exam; large specimen; organs or multiple tissues requiring multiple slides <u>single complicated specimen requiring complex dissection or multiple complicated specimens</u>	90.00 <u>128.90</u>
<u>88309-00</u>	Complex diagnostic problem with or without <u>extensive</u> dissection (MD/DO)	150.00 <u>185.60</u>
<u>88311-00</u>	<u>Decalcification procedure (list separately in addition to code for surgical pathology examination)</u>	<u>20.90</u>
<u>88312-00</u>	Special stains; Group I stains for microorganisms (MD/DO)	<u>25.00</u>
<u>88313-00</u>	<u>Group II, all other, (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each</u>	<u>18.50</u>
<u>88314-00</u>	<u>histochemical staining with frozen section(s)</u>	<u>10.00</u>
<u>88321-00</u>	<u>Consultation and report on referred slides prepared elsewhere</u>	<u>67.95</u>
<u>88323-00</u>	<u>Consultation and report on referred material requiring preparation of slides</u>	<u>52.50</u>
<u>88325-00</u>	<u>Consultation, comprehensive, with review of records and specimens, with report on referred material</u>	<u>48.00</u>
<u>88329-26</u>	Consultation during surgery; professional component only	40.00
<u>88331-00</u>	with frozen section(s); single specimen	<u>100.00</u>
<u>88332-00</u>	<u>Consultation during surgery; each additional tissue block with frozen section(s)</u>	<u>42.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Subp. 10. **Miscellaneous.** The following codes, service descriptions, and maximum fees apply to miscellaneous pathology and laboratory services.

Code	Service	Maximum Fee
89007	Test combinations assigned individual procedure numbers for secretarial convenience only; CBC, urinalysis, serology, blood typing, and Rh grouping (includes codes 85022 or 85031, 81000, 86592, 86082, and 86100)	\$ 25.00
89050-00	Cell count, miscellaneous body fluids (e.g., CSFm joint fluid), except blood	20.40
89051-00	Cell count, miscellaneous body fluids (e.g. CSF, joint fluid), except blood, with differential count	13.40 15.50
89060-00	Crystal identification by compensated polarizing lens analysis, synovial fluid	16.00
89125-00	Fat stain, feces, urine, or sputum	24.30
89130-00	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology (MD/DO)	42.10 61.00
89180	Microscopic examination for eosinophils, nasal secretions, sputum, bronchoscopic aspiration, mucus of stools, others (specify)	11.60
89190-00	Nasal smear for eosinophils (MD/DO)	11.25 12.00
89205-00	Occult blood, any source except feces	11.00
89300-00	Semen analysis; presence and/or motility of sperm, including Huhner test	32.00
89310-00	motility and count	19.00
89320-00	Semen analysis; complete(volume count, motility and differential) (MD/DO)	39.75 39.00
89325-00	Sperm antibodies	109.00
89330-00	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	32.00
89350-00	Sputum, obtaining specimen, aerosol induced technique (MD/DO)	54.00 17.10

5221.2500 DENTISTS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to persons licensed as doctors of dental surgery or a comparable degree.

Subp. 2. **Diagnostic.** The following codes, service descriptions, and maximum fees apply to diagnostic services.

Clinical Oral Examination

Code	Service	Maximum Fee
00110	Initial oral examination	\$ 15.00
00120	Periodic oral examination	12.00
00130	Emergency oral examination	15.00

Radiographs

00210	Intraoral complete series	\$ 38.00
-------	---------------------------	----------

Proposed Rules

00220	Intraoral; periapical, single, first film	6.00
00272	Bitewing; two films	40.00
00274	four films	46.00
00330	Panoramic; maxilla and mandible; film	35.00
00335	maxilla and mandible; film; with bitewings	43.00
00340	Cephalometric film	38.00
Tests and Laboratory Examinations		
00450	Histopathologic examination	\$ 40.00
Restorative		
02110	Amalgam; one surface; deciduous	\$ 25.00
02120	Amalgam; two surfaces; deciduous	35.00
02130	Amalgam; three surfaces; deciduous	45.00
02131	Amalgam; four surfaces; deciduous	54.00
02140-00	Amalgam; one surface, permanent <u>(DDS)</u>	25.00 <u>28.00</u>
02150-00	Amalgam; two surfaces, permanent <u>(DDS)</u>	36.00 <u>40.00</u>
02160-00	Amalgam; three surfaces, permanent <u>(DDS)</u>	48.00 <u>53.00</u>
02161-00	Amalgam; four or more surfaces, permanent <u>(DDS)</u>	58.00 <u>64.00</u>
<u>Acrylic or Plastic Restorations</u>		
02330-00	Composite resin; one surface, <u>anterior (DDS)</u>	\$ 34.00 <u>38.00</u>
02331-00	Composite resin; two surfaces, <u>anterior (DDS)</u>	46.00 <u>54.00</u>
02332-00	Composite resin; three surfaces, <u>anterior (DDS)</u>	61.00 <u>70.00</u>
02335-00	Composite resin <u>four or more surfaces or</u> (involving incisal angle <u>(DDS)</u>)	60.00 <u>70.00</u>
<u>Inlay Restorations</u>		
02530-00	Inlay - metallic; <u>three surfaces</u>	310.00
02540-00	Onlay - metallic; <u>per tooth (in addition</u> <u>to inlay)</u>	395.00
<u>Crowns - Single Restoration Only</u>		
02711-00	Plastic, prefabricated	\$ 90.00 <u>135.00</u>
02740-00	Crown; <u>porcelain/ceramic substrate</u>	420.00
02750-00	<u>porcelain fused to high noble metal</u>	375.00
02751-00	<u>porcelain fused to predominantly</u> <u>base metal</u>	360.00
02752-00	<u>porcelain fused to noble metal</u>	360.00

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

02790-00	<u>full cast high noble metal</u>	355.00
02791-00	<u>full cast predominantly base metal</u>	310.00
02792-00	<u>full cast noble metal</u>	305.00
02810-00	<u>3/4 cast metallic</u>	380.00
02815-00	<u>Incision and drainage of abscess; intraoral</u>	90.00
02824-00	<u>Removal of tooth; bony impaction presenting unusual difficulties and circumstances</u>	160.00
02825-00	<u>Removal of tooth, soft tissue impaction (DDS)</u>	80.00 90.00
02826-00	<u>Removal of tooth, partial bony impaction (DDS)</u>	88.00 115.00
02827-00	<u>Removal of tooth, complete bony impaction (DDS)</u>	90.00 140.00
02828-00	<u>Dental root resection</u>	96.00
02829-00	<u>Apicoectomy; performed as separate surgical procedure (per root)</u>	200.00
02830-00	<u>stainless steel (DDS)</u>	75.00 85.00
02848-00	<u>Osseous surgery; per quadrant</u>	350.00

Other Restorative Services

02910-00	<u>Recement inlays (DDS)</u>	25.00 28.00
02920-00	<u>Recement crowns (DDS)</u>	22.00 25.00
02940-00	<u>Sedative fillings (DDS)</u>	21.00 25.00
02950-00	<u>Crown buildups, including any pins (DDS)</u>	75.00 80.00
02960-00	<u>Labial veneer (laminare); chairside</u>	165.00

Endodontics

03110-00	<u>Pulp cap; direct (excluding final restoration)</u>	20.00 20.00
03120-00	<u>indirect (excluding final restoration)</u>	12.00
03220-00	<u>Vital Therapeutic pulpotomy</u>	\$ 40.00 40.00

Root Canal Therapy

03310-00	<u>Anterior One canal (excludes final restoration) (DDS)</u>	\$ 171.75 195.00
03320-00	<u>Bicuspid Two canals (excludes final restoration) (DDS)</u>	200.00 238.00
03330-00	<u>Molar Three canals (excludes final restoration) (DDS)</u>	260.00 325.00

Periapical Services

03410-00	<u>Apicoectomy - (per tooth) first root performed as separate surgical procedure (per root) (DDS)</u>	130.00 200.00
----------	---	--------------------------

Other Endodontic Procedures

03950-00	<u>Canal preparation and fitting of preformed dowel or post</u>	60.00 85.00
----------	---	------------------------

Proposed Rules

03960-00	<u>Bleaching of discolored tooth</u>	40.00
Prosthodontics, Removable		
Complete Dentures - including six months <u>routine</u> post-delivery care		
05110-00	Complete upper (DDS)	\$ 453.00 <u>495.00</u>
05120-00	Complete lower (DDS)	455.00 <u>500.00</u>
05130-00	Immediate upper (DDS)	450.00 <u>537.00</u>
05140-00	Immediate lower (DDS)	450.00 <u>550.00</u>
Partial Dentures - including <u>routine</u> six months post-delivery care		
05212-00	Lower - without clasps, partial; acrylic base (including any conventional clasps and rests)	\$ 498.75 <u>537.00</u>
05213-00	Upper partial; predominantly base cast base with acrylic saddles (including any conventional clasps and rests)	<u>565.00</u>
05214-00	Lower partial; predominantly base cast base with acrylic saddles (including any conventional clasps and rests)	<u>575.00</u>
05215-00	Upper partial; high noble cast base with acrylic saddles (including any conventional clasps and rests)	<u>565.00</u>
05216-00	Upper - with two chrome clasps with rests; Lower; high noble cast base with acrylic base saddles (including any conventional clasps and rests (DDS)	485.00 <u>595.00</u>
05218	Lower - with chrome clasps with rests; acrylic base	<u>500.00</u>
05231	Lower - with chrome lingual bar and two clasps; acrylic base	<u>500.00</u>
05241	Lower - with chrome lingual bar and two clasps; cast base	<u>525.00</u>
05251	Upper - with chrome palatal bar and two clasps; acrylic base	<u>500.00</u>
05261	Upper - with chrome palatal bar and two clasps; cast base	<u>550.00</u>
05292	Full cast partial - with two chrome clasps (upper)	<u>520.00</u>
05294	Full cast partial - with two chrome clasps (lower)	<u>520.00</u>
<u>Adjustments to Dentures</u>		
05410-00	<u>Adjust complete denture; upper</u>	<u>25.00</u>
05421-00	<u>Adjust partial denture; upper</u>	<u>30.00</u>
05422-00	<u>lower</u>	<u>25.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Repairs to Dentures

05610	Repair broken or complete or partial denture - no teeth damaged	\$ 51.00
05620	Repair broken complete or partial denture - replace one broken tooth	59.00
05610-00	Repair acrylic saddle or base	48.00
05620-00	Repair (DDS)	50.00
05630-00	Repair or replace broken clasp (DDS)	45.00
05640-00	Replace broken tooth or denture - not other repairs teeth; per tooth (DDS)	45.00 48.00
05650-00	Adding Add tooth to existing partial denture to replace extracted tooth - each tooth (not involving clasp or abutment tooth) (DDS)	65.00
05660-00	Adding tooth Add clasp to existing partial denture to replace extracted tooth - each tooth (involving clasp or abutment tooth) (DDS)	92.25 90.00
05670	Reattaching damaged clasp on denture	65.00
05680	Replacing broken clasp with new clasp on denture	75.00
05690	Each additional clasp with rest	64.80

Denture Duplication

05710	Duplicate upper or lower complete denture	\$ 202.50
05720	Duplicate upper or lower partial denture	207.50

Denture Relining

05740	Relining upper or lower partial denture (office reline)	\$ 95.00
05730-00	Relining complete upper denture (chairside) (DDS)	\$ 135.00
05750-00	Relining complete upper or lower complete denture (laboratory) (DDS)	150.00 158.00
05760-00	Relining upper or lower partial denture (laboratory) (DDS)	144.50 160.00

Other Removable Prosthetic Services

05820-00	Denture Temporary (partial stayplate), denture upper (DDS)	\$ 160.00 200.00
05850-00	Tissue Conditioning; per denture unit (DDS)	28.00 39.00

Bridge Pontics

06210-00	Pontic; cast high noble metal	\$ 135.00
06240-00	porcelain fused to high noble metal	363.00
06241-00	porcelain fused to predominantly base metal	355.00
06242-00	porcelain fused to noble metal	350.00

Retainers

06545-00	Cast metal retainer for acid etch bridge	132.00
----------	--	--------

Prosthodontics, ~~Fixes~~ Fixed

06640-00	Replace broken facing with acrylic (DDS)	\$ 54.00 <u>70.00</u>
----------	---	----------------------------------

Bridge Retainers—Crowns

06750-00	<u>Crown; porcelain fused to high noble metal</u>	377.00
06751-00	<u>porcelain fused to predominantly base metal</u>	360.00
06752-00	<u>porcelain fused to noble metal</u>	355.00
06790-00	<u>full cast high noble metal</u>	355.00
06791-00	<u>full cast predominantly base metal</u>	295.00
06792-00	<u>full cast noble metal</u>	300.00
06801-00	<u>Diagnostic exam and DXL</u>	20.00
06802-00	<u>Prevention</u>	25.00
06803-00	<u>Restorative</u>	52.50
06804-00	<u>Endodontics</u>	285.00
06808-00	<u>Dental oral surgery</u>	45.00
06809-00	<u>Unlisted dental procedures</u>	24.00

Other Fixed Prosthetic Services

06930-00	Recement bridge (DDS)	40.00
----------	-----------------------	-------

Oral Surgery
Extractions - includes local anesthesia and routine postoperative care

07110-00	Single tooth (DDS)	\$ 30.00 <u>35.00</u>
07120-00	Each additional tooth (DDS)	28.00 <u>35.00</u>

Surgical Extractions - includes local anesthesia and routine postoperative care

07210-00	Extraction <u>Surgical removal of tooth - erupted requiring elevation of mucoperosteal flap and removal of bone and/or section of tooth (DDS)</u>	70.00 <u>75.00</u>
07220-00	Impaction that requires incision of overlying soft tissue and the Removal of the impacted tooth; soft tissue (DDS)	80.00 <u>86.00</u>
07230-00	Impaction that requires incision of overlying soft tissue; elevation of a flap; removal of bone and the Removal of the impacted tooth; partially bony (DDS)	100.00 <u>119.00</u>
07240-00	Impaction that requires incision of overlying soft tissue; elevation of a flap; Removal of bone and sectioning of the tooth for Removal of impacted tooth; completely bony (DDS)	120.00 <u>140.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

07241-00	Impaction that requires incision of overlying soft tissue; elevation of a flap; removal of bone; sectioning of the Removal of impacted tooth for removal; and presents ; completely bony, with unusual difficulties and circumstances surgical complications (DDS)	135.00 150.00
07250-00	Root recovery (Surgical removal of residual roots tooth roots (DDS)	60.00 75.00
Other Surgical Procedures		
07280-00	Surgical exposure of impacted or unerupted tooth for orthodontic reasons - including wire attachment orthodontic attachments (DDS)	80.00 125.00
07281-00	Surgical exposure of impacted or unerupted tooth to aid eruption	140.00
07286-00	Biopsy of oral tissue; soft	90.00
Alveoplasty - Surgical Preparation of Ridge For Dentures		
07310-00	Alveoplasty (per quadrant) in conjunction with extractions (DDS)	60.00 75.00
07320	per quadrant; not in conjunction with extractions	75.00
Surgical Excision		
07425-00	Excision pericoronial gingiva	\$ 30.60
Surgical Incision		
07510-00	Incision and drainage of abscess, intraoral soft tissue (DDS)	44.50 45.00
Other Oral Surgery Repair Procedures		
07960-00	Frenulectomy	\$ 80.00 90.00
Adjunctive General Services		
Unclassified treatment		
09110-00	Palliative (emergency) treatment of dental pain; minor procedures	25.00
Anesthesia		
09210-00	Local anesthesia not in conjunction with operative or surgical procedures	\$ 8.00
09211-00	Regional block anesthesia	10.00
09220-00	General; first 30 minutes (DDS)	\$ 90.00
09230-00	Analgesia (DDS)	12.00
Professional Consultation		
09310-00	Consultation; per session	35.00
09420-00	Hospital call	14.00
09430-00	Office visit during regularly scheduled office hours	15.00
Drugs		
09610-00	Therapeutic drug injection, by report	15.00
09630-00	Other drugs and/or medicaments	15.00

Miscellaneous Services

09910-00	Application of desensitizing medicaments <u>(DDS)</u>	\$ 15.00
09991-00		<u>25.00</u>
09993-00		<u>30.00</u>

Surgery

21200-00	<u>Osteotomy (e.g., for prognathism, micrognathism, apertognathism or for reconstruction); mandible, total or horizontal</u>	<u>2,960.00</u>
21203-00	<u>mandibular ramus (osteotomy)</u>	<u>2,950.00</u>
21240-00	<u>Arthroplasty, temporomandibular joint, with or without autograft</u>	<u>2,400.00</u>
40808-00	<u>Biopsy, vestibule of mouth</u>	<u>107.00</u>
40819-00	<u>Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frebectomy)</u>	<u>100.00</u>
4215-00	<u>Removal of exostosis, bony palate</u>	<u>280.00</u>

Radiology—Dental

70320-00	<u>Radiologic examination, teeth; complete, full mouth</u>	<u>45.00</u>
70328-00	<u>Radiologic examination, temporomandibular joint, open and closed mouth; unilateral</u>	<u>35.00</u>
70330-00	<u>bilateral</u>	<u>90.00</u>
70350-00	<u>Cephalogram, orthodontic</u>	<u>40.00</u>
70355-00	<u>Orthopantomogram</u>	<u>35.00</u>
76100-00	<u>Radiologic examination, single plane body section (e.g., tomography)</u>	<u>73.00</u>

Surgical Pathology—Dental

88304-00	<u>Surgical pathology, gross and microscopic examination of presumptively abnormal tissue(s); uncomplicated specimen</u>	<u>40.00</u>
----------	--	--------------

Office Dental Services

90000-00	<u>Office dental service, new patient; brief service</u>	<u>25.00</u>
90010-00	<u>limited service</u>	<u>33.00</u>
90020-00	<u>comprehensive service</u>	<u>75.20</u>
90030-00	<u>Office dental service, established patient; minimal service</u>	<u>24.00</u>
90040-00	<u>brief service</u>	<u>25.00</u>
90050-00	<u>limited service</u>	<u>34.00</u>
90060-00	<u>intermediate service</u>	<u>44.00</u>
90070-00	<u>extended service</u>	<u>55.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

Hospital Dental Services

<u>90240-00</u>	<u>Subsequent hospital care, each day;</u> <u>brief services</u>	<u>35.00</u>
<u>90250-00</u>	<u>limited services</u>	<u>41.75</u>
<u>90260-00</u>	<u>intermediate services</u>	<u>60.00</u>
<u>90600-00</u>	<u>Initial consultation; limited</u>	<u>35.00</u>
<u>90605-00</u>	<u>intermediate</u>	<u>62.00</u>
<u>90620-00</u>	<u>comprehensive</u>	<u>95.00</u>

Dental Injections

<u>90782-00</u>	<u>Therapeutic injection of medication (specify);</u> <u>subcutaneous or intramuscular</u>	<u>15.00</u>
-----------------	---	--------------

Cardiovascular—Dental

<u>93000-00</u>	<u>Electrocardiogram, routine ECG with at least 12</u> <u>leads; with interpretation and report</u>	<u>15.00</u>
<u>97010-00</u>	<u>Physical-dental medicine treatment to one area;</u> <u>hot or cold packs</u>	<u>25.00</u>
<u>97110-00</u>	<u>Physical-dental medicine treatment to one area,</u> <u>initial 30 minutes, each visit; therapeutic</u> <u>exercises</u>	<u>28.50</u>
<u>97128-00</u>	<u>Ultrasound</u>	<u>25.00</u>

5221.2600 OPTOMETRISTS, OPTICIANS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to a provider licensed optometrists and opticians as a doctor of optometry.

Subp. 2 **Basic optometric services Definitions.** The following codes, service descriptions, and maximum fees apply to basic optometric services terms defined in this part have the meanings given them for the purposes of this part unless the context clearly indicates a different meaning.

A. “New patient” and “established patient” have the meanings given them in part 5221.1100.

B. “Level of service” for the purpose of this rule has the following meanings:

(1) “Minimal service” means a level of service that may be provided by paraoptometric personnel but supervised by a doctor of optometry. For example, determination of visual acuity or verification of a prescription.

(2) “Brief service” means a level of service pertaining to the evaluation and treatment of a condition requiring only any abbreviated history and examination, and involving less time or skill than a limited optometric service. For example, examination of a patient with subconjunctival hemorrhage or evaluation and replacement of a lost contact lens.

(3) “Limited service” means a level of service pertaining to the evaluation of an acute problem or the periodic re-evaluation of a problem, including an interval history and examination, the review of the effectiveness of past treatment, the ordering and evaluation of appropriate diagnostic tests, the adjustment of therapeutic management as indicated, and the discussion of findings or optometric management. For example, progress evaluation of a treatment program involving contact lenses, low vision, or vision therapy; or periodic re-evaluation of an intraocular lens implant.

(4) “Intermediate service” means a level of service that usually involves an optometric eye health examination that may include but is not limited to history, general observation, external ocular and adnexal examination, and other diagnostic procedures as warranted. Intermediate services do not usually include determination of the refractive state, but may do so in an established patient who is under continuing active treatment.

(5) “Extended level of service” means a level of service requiring an unusual amount of effort or judgment, including a detailed history, review of medical records, examination, and a formal conference with patient, family, or staff; or a comparable optometric diagnostic or therapeutic service.

(6) “Comprehensive service” means a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single service entity, but need not be performed in one session. When indicated in the doctor’s professional judgment, this service may include, but is not limited to history, general health observation, external

Proposed Rules

examination of the eye and adnexa, ophthalmoscopic examination, determination of refractive state, basic sensorimotor and binocularity examination, biomicroscopy, tonometry, gross visual fields, and blood pressure screening. It may include initiation of diagnostic and treatment programs, or referral, as indicated. The treatment services include the prescription of lenses, other therapy, or arranging for special optometric diagnostic or treatment services, consultation, or laboratory procedures, as may be indicated.

Code	Service	Maximum Fee
<u>06501-00</u>	<u>Single vision eyeglass lenses</u> <u>(one lens)</u>	<u>\$48.00</u>
<u>06502-00</u>	<u>Bifocal eyeglass lenses (one lens)</u>	<u>70.20</u>
<u>06503-00</u>	<u>Trifocal eyeglass lenses</u> <u>(one lens)</u>	\$108.00 <u>90.00</u>
<u>06504-00</u>	<u>Lenticular eyeglass lenses (one lens)</u>	<u>21.00</u>
<u>06506-00</u>	<u>Eyeglass frames</u>	69.00 <u>67.00</u>
<u>06510-00</u>	<u>Tinting for lenses</u>	<u>15.00</u>
<u>06587-00</u>	<u>Contact lenses, soft (one lens)</u>	161.00 <u>80.00</u>
<u>06588-00</u>	<u>Contact lenses, hard (one lens)</u>	<u>70.00</u>
<u>06589-00</u>	<u>Dispensing fee; single vision lenses</u>	36.10 <u>25.00</u>
<u>06590-00</u>	<u>bifocal lenses</u>	<u>30.00</u>
<u>06591-00</u>	<u>trifocal lenses</u>	<u>32.00</u>
<u>06592</u>	<u>Dispensing fee, special lenses (e.g.,</u> <u>prisms, tints, or lenticular)</u>	40.00
<u>06593</u>	<u>Dispensing fee, frames</u>	45.20
<u>09201-00</u>	<u>Eye examination with complete</u> <u>visual fields included</u>	40.00 <u>44.00</u>
<u>09203</u>	<u>Eye examination with slit lamp</u> <u>angle testing</u>	49.00
<u>09206</u>	<u>Orthoptic evaluation</u>	35.00
<u>09213-00</u>	<u>Eye refraction</u>	38.00 <u>29.00</u>

Office Services

Code	Service	Maximum Fee
<u>90000-00</u>	<u>New patient; brief service</u>	<u>\$ 22.00</u>
<u>90010-00</u>	<u>limited service</u>	<u>28.00</u>
<u>90015-00</u>	<u>intermediate service</u>	<u>38.00</u>
<u>90017-00</u>	<u>extended service</u>	<u>50.00</u>
<u>90020-00</u>	<u>comprehensive service</u>	<u>50.00</u>
<u>90030-00</u>	<u>Established patient; minimal service</u>	<u>15.00</u>
<u>90040-00</u>	<u>brief service</u>	<u>19.00</u>
<u>90050-00</u>	<u>limited service</u>	<u>25.00</u>
<u>90060-00</u>	<u>intermediate service (does not</u> <u>include determination of the refractive</u> <u>state)</u>	<u>31.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

<u>90070-00</u>	<u>extended service</u>	<u>45.00</u>
<u>90080-00</u>	<u>comprehensive service</u>	<u>49.00</u>
<u>92002-00</u>	<u>New patient; intermediate service</u>	<u>39.00</u>
<u>92004-00</u>	<u>comprehensive service, one or more visits</u>	<u>50.00</u>
<u>92012-00</u>	<u>Established patient; intermediate service</u> <u>(includes determination of the refractive state</u>	<u>38.00</u>
<u>92014-00</u>	<u>comprehensive service, one or more visits</u>	<u>44.00</u>
<u>92060-00</u>	<u>Sensorimotor examination with diagnostic</u> <u>evaluation</u>	<u>50.00</u>
<u>92065-00</u>	<u>Orthoptic and/or pleoptic training, with</u> <u>continuing direction and evaluation</u>	<u>40.00</u>
<u>92081-00</u>	<u>Visual field examination with medical</u> <u>diagnostic evaluation; tangent screen,</u> <u>autoplots or equivalent</u>	<u>20.00</u>
<u>92082-00</u>	<u>quantitative perimetry (for example, several</u> <u>isopters on Goldman perimeter or equivalent</u>	<u>42.50</u>
<u>92083-00</u>	<u>static and kinetic perimetry, or</u> <u>equivalent</u>	<u>60.00</u>
<u>92100-00</u>	<u>Serial tonometry with medical diagnostic</u> <u>evaluation (separate procedure), one or more</u> <u>sessions, same day</u>	<u>10.00</u>
<u>92140-00</u>	<u>Provocative tests for glaucoma, with</u> <u>medical diagnostic evaluation</u>	<u>15.00</u>
<u>92225-00</u>	<u>Ophthalmoscopy, extended as for retinal</u> <u>detachment (may include use of contact lens,</u> <u>drawing or sketch, and/or fundus biomicroscopy),</u> <u>with medical diagnostic evaluation; initial</u>	<u>22.20</u>
<u>92250-00</u>	<u>Ophthalmoscopy, with medical diagnostic</u> <u>evaluation; with fundus photography</u>	<u>15.00</u>
<u>92285-00</u>	<u>Extended ocular photography for</u> <u>documentation of progress</u>	<u>10.00</u>
<u>92287-00</u>	<u>Specular endothelial microscopy with</u> <u>photographic documentation, evaluation and</u> <u>report; with fluorescein angiography</u>	<u>38.00</u>
<u>92310-00</u>	<u>Prescription and management of corneal</u> <u>contact lens, both eyes, except for aphakia</u>	<u>50.00</u>
<u>92312-00</u>	<u>corneal lens for aphakia, two eyes</u>	<u>130.00</u>
<u>92325-00</u>	<u>Modification of contact lens</u>	<u>20.00</u>
<u>92326-00</u>	<u>Replacement of contact lens</u>	<u>58.00</u>
<u>92340-00</u>	<u>Treatment with spectacles, except</u> <u>for aphakia; monofocal</u>	<u>49.00</u>
<u>92341-00</u>	<u>bifocal</u>	<u>64.00</u>
<u>92342-00</u>	<u>multifocal, other than bifocal</u>	<u>84.00</u>
<u>92370-00</u>	<u>Repair and adjusting spectacles;</u> <u>except for aphakia</u>	<u>68.95</u>
<u>92390-00</u>	<u>Supply of all spectacle lenses,</u> <u>except for aphakia and low vision aids (all</u>	

Proposed Rules

	<u>combinations, nonspecific); one lens only</u> <u>(enter two units for a pair)</u>	<u>79.00</u>
<u>92391-00</u>	<u>Supply of contact lenses, except</u> <u>prosthesis for aphakia; one lens only (enter</u> <u>two units for a pair)</u>	<u>108.00</u>
<u>99056-00</u>	<u>Services provided at request of patient</u> <u>in a location other than optometrist's office</u> <u>that are normally provided in the office</u>	<u>6.00</u>

5221.2650 OPTICIANS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to certified opticians.

Subp. 2. **Basic optician services.** The following codes, service descriptions, and maximum fees apply to basic optician services and supplies:

Code	Service	Maximum Fee
<u>06501-00</u>	<u>Single vision eyeglass lenses</u> <u>(one lens)</u>	<u>\$ 53.00</u>
<u>06502-00</u>	<u>Bifocal eyeglass lenses (one lens)</u>	<u>69.95</u>
<u>06503-00</u>	<u>Trifocal eyeglass lenses (one lens)</u>	<u>85.00</u>
<u>06504-00</u>	<u>Lenticular eyeglass lenses (one lens)</u>	<u>24.00</u>
<u>06506-00</u>	<u>Eyeglass frames</u>	<u>80.00</u>
<u>06510-00</u>	<u>Tinting for lenses</u>	<u>12.00</u>
<u>06587-00</u>	<u>Contact lenses, soft (one lens)</u>	<u>109.00</u>
<u>06588-00</u>	<u>Contact lenses, hard (one lens)</u>	<u>61.00</u>
<u>06593-00</u>	<u>Dispensing fee, frames for lenses</u>	<u>70.20</u>
<u>Office Services</u>		
<u>92004-00</u>	<u>New patient; comprehensive service</u>	<u>\$ 34.00</u>
<u>92012-00</u>	<u>Established patient; intermediate service</u>	<u>40.00</u>
<u>92340-00</u>	<u>Treatment with spectacles, except for</u> <u>aphakia; monofocal</u>	<u>50.00</u>

5221.2700 AUDIOLOGISTS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to audiologists and to speech pathologists holding a certificate of clinical competency (CCC-A) or to audiologists in their clinical fellowship year (CFY) as certified by the American Speech, Language, and Hearing Association.

Subp. 2. **Audiology.** The following codes, service descriptions, and maximum fees apply to audiology services and tests.

Code	Service	Maximum Fee
<u>06665-00</u>	<u>Monaural dispensing fee (CCC-A/CFY)</u>	<u>190.00</u>
<u>21010-00</u>	<u>Basic hearing evaluation (CCC-A/CFY)</u>	<u>40.00</u>
<u>21020-00</u>	<u>Basic hearing evaluation (CCC-A/CFY)</u>	<u>45.00</u>
<u>21021-00</u>	<u>Limited hearing evaluation (CCC-A/CFY)</u>	<u>32.00</u>
<u>21022-00</u>	<u>Extended hearing evaluation (CCC-A/CFY)</u>	<u>64.00</u>
<u>21031-00</u>	<u>Limited site of auditory lesion</u> <u>evaluation (CCC-A/CFY)</u>	<u>16.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

<u>21032-00</u>	<u>Extended site of auditory lesion evaluation (CCC-A/CFY)</u>	<u>32.00</u>
<u>21050-00</u>	<u>Basic prescription hearing aid evaluation (CCC-A/CFY)</u>	<u>40.00</u>
<u>21052-00</u>	<u>Extended prescription hearing aid evaluation (CCC-A/CFY)</u>	<u>45.00</u>
<u>21053-00</u>	<u>Performance evaluation of specific hearing aid (CCC-A/CFY)</u>	<u>20.00</u>
<u>21081-00</u>	<u>Hearing screening group (CCC-A/CFY)</u>	<u>9.50</u>
<u>22010-00</u>	<u>Basic speech, language, or voice evaluation (CCC-A/CFY)</u>	<u>80.00</u>
92506	Medical evaluation, speech, language and/or hearing problems	\$ 51.00
92532	Positional nystagmus	20.00
92545	Oscillating tracking test, with recording	31.00
<u>92551-00</u>	Screening test, pure tone, air only (CCC-A/CFY)	12.50 <u>18.50</u>
<u>92552</u>	Pure tone audiometry (threshold); air only	21.00
<u>92553-00</u>	air and bone (CCC-A/CFY)	35.00 <u>33.00</u>
<u>92555</u>	Speech audiometry; threshold only	16.00
<u>92556-00</u>	threshold and discrimination (CCC-A/CFY)	32.00 <u>44.25</u>
<u>92557-00</u>	Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination) (CCC-A/CFY)	54.00 <u>60.00</u>
<u>92562</u>	Loudness balance test; alternate binaural or monaural	18.00
<u>92563</u>	Tone decay test	15.00
<u>92566-00</u>	Impedance testing (CCC-A/CFY)	20.00 <u>18.00</u>
<u>92567-00</u>	Tympanometry (CCC-A/CFY)	18.00 <u>22.00</u>
<u>92568</u>	Acoustic reflex testing	16.00
<u>92575</u>	Sensorineural acuity level test	10.00
<u>92581</u>	Evoked response (EEG) audiometry	185.00
<u>92582-00</u>	Conditioning play audiometry (CCC-A/CFY)	<u>30.00</u>
<u>92585-00</u>	Brainstem evoked response recording (CCC-A/CFY)	182.00
<u>92590-00</u>	Hearing and examination and selection; monaural (CCC-A/CFY)	53.50 <u>50.00</u>
<u>92591</u>	binaural (CCC-A/CFY)	65.00
<u>92592-00</u>	Hearing aid check; monaural (CCC-A/CFY)	<u>53.50</u>
<u>92593</u>	Hearing aid check; binaural	30.00

5221.2750 SPEECH PATHOLOGISTS.

The following codes, service description, and maximum fees apply to speech pathologists holding a certificate of clinical competency (CCC-SP) or to speech pathologists in their clinical fellowship year (CFY) as certified by the American Speech, Language, and Hearing Association.

Code	Service	Maximum Fee
06045-00	(CCC-SP/CFY)	<u>35.00</u>
92507-00	<u>Speech, language, or hearing therapy, with continuing medical supervision; individual (CCC-SP/CFY)</u>	<u>34.00</u>
92508-00	<u>group (CCC-SP/CFY)</u>	<u>21.00</u>

5221.2800 PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to licensed registered physical therapists and, registered occupational therapists, a physical therapy assistant serving under the direction of a licensed registered physical therapist or a certified occupational therapy assistant serving under the direction of a registered occupational therapist.

Subp. 2. **Physical therapy.** The following codes, service descriptions, and maximum fees apply to physical therapy procedures. Definitions. The terms defined in this subpart have the meanings given to them when used in subpart 4 unless the context clearly indicates a different meaning.

A. "Therapeutic exercise" (code 97110) means instructing a patient in exercises and directly supervising the exercises. Exercising done subsequently by the patient without a therapist present and supervising will not be covered by code 97110.

B. "Neuromuscular re-education" (code 97112) means provision of direct services to a patient who has neuromuscular impairment and is undergoing recovery or regeneration. Examples would be surgery, trauma to neuromuscular system, cerebral vascular accident and systemic neurological disease.

C. "Functional activities" (code 97114) means the development and instruction in specific activities for persons who are handicapped or debilitated by neuromusculoskeletal dysfunction. This applies to counseling and instructions in body mechanics and work-related activities.

D. "Gait training" (code 97116) means teaching individuals with neurological or musculoskeletal disorders to ambulate with or without an assistive device.

E. "Pool therapy" or "Hubbard tank with therapeutic exercises" (code 97240) means a supervised service in a pool or Hubbard tank, to neurologically or musculoskeletally impaired individuals. It does not apply to relatively normal individuals who exercise, swim laps, or relax in a hot tub or Jacuzzi.

F. "Activities of daily living" (ADL's) (code 97540) means services provided to impaired individuals, for example, how to get in and out of a tub; how to make a bed; how to prepare a meal in a kitchen. It does not apply to instructions or counseling in body mechanics given to a patient.

G. "Extremity testing for strength, dexterity, or stamina" (code 97720) means detailed testing of a patient with neuro-musculoskeletal dysfunction.

H. "Kinetic activities" (code 97530) means services when there are neuromusculoskeletal dysfunction which limit the patient's performing the activities that are ordinarily prescribed under therapeutic exercise. Time is spent developing specific, individualized therapeutic exercise and instructing the patient in how to perform them.

I. "Functional capacity evaluation" (code 97705) means an objective, directly observed, measurement of workers' ability to perform a variety of physical tasks combined with statements of abilities by worker and evaluator.

Subp. 3. Physical and occupational therapy instructions.

A. The physical and occupational therapy treatment plan must be in writing and shall include objectives, modalities, and frequency of treatment and duration. The preparation of a written treatment plan and supplying progress notes are integral parts of the fee for therapy service and do not command a separate fee.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

B. Physical therapy services must be provided by a Minnesota licensed registered physical therapist or physical therapy assistant under the direct supervision of a licensed registered physical therapist. Upon request, the provider must supply a Minnesota license number.

C. Occupational therapy services must be provided by a nationally registered occupational therapist or certified occupational therapy assistant under the direction of a nationally registered occupational therapist.

Subp. 4. Scope. The following codes, service descriptions, and maximum fees apply to physical and occupational therapy procedures when performed in an independent clinic, a doctor's office, a hospital satellite clinic, or hospital out-patient setting.

Evaluations

Code	Service	Maximum Fee
9583+	Muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report	\$ 14.00
9585+	Range of motion measurements and report (separate procedure); each extremity, excluding hand	9.25

Modalities

97010-00	Physical medicine treatment to one area; hot or cold packs (RPT/OTR)	\$ 16.00 17.00
97012-00	Physical medicine treatment to one area; traction, mechanical (RPT/OTR)	15.50 16.00
97014-00	electrical stimulation (unattended) (RPT/OTR)	15.00
97016-00	vasopneumatic devices (RPT/OTR)	15.00 16.00
97018-00	paraffin bath (RPT/OTR)	15.00 20.00
97022-00	whirlpool (RPT/OTR)	17.00
97024-00	diathermy (RPT/OTR)	15.00 16.00
97026	infrared	11.50
97028-00	ultraviolet (RPT/OTR)	25.00

Procedures

97110-00	Physical medicine treatment to one area, initial 30 minutes, each visit; therapeutic exercises (RPT/OTR)	\$ 20.00 22.00
97112-00	neuromuscular reeducation (RPT/OTR)	20.00 25.00
97114-00	functional activities (RPT/OTR)	26.00 19.00
97116-00	ait training (RPT/OTR)	24.86 23.00
97118-00	electrical stimulation (manual) (RPT/OTR)	16.25
97120-00	iontophoresis (RPT/OTR)	25.00 20.00
97122-00	traction, manual (RPT/OTR)	15.50 18.00
97124-00	massage (RPT/OTR)	15.50 17.25
97126-00	contrast baths	16.00 18.00
97128-00	ultrasound (RPT/OTR)	16.00 16.25
97145-00	Physical medicine treatment to one area, each additional 15 minutes	12.50 13.00
97220-00	Hubbard tank; initial 30 minutes each visit (RPT/OTR)	45.00

Proposed Rules

<u>97240-00</u>	<u>Pool therapy or Hubbard tank with therapeutic exercises; initial 30 minutes, each visit (RPT/OTR)</u>		<u>30.00</u>
<u>97260</u>	<u>Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist)(separate procedure); performed by physician; one area</u>		<u>18.00</u>
<u>97500-00</u>	<u>Orthotics training (dynamic bracing, splinting), upper extremities; initial 30 minutes, each visit (RPT/OTR)</u>	26.00	<u>21.00</u>
<u>97530-00</u>	<u>Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit (RPT/OTR)</u>		<u>25.00</u>
<u>97531-00</u>	<u>each additional 15 minutes (RPT/OTR)</u>	42.00	<u>18.50</u>
<u>97540-00</u>	<u>Activities of daily living (ADL) and diversional activities; initial 30 minutes, each visit (RPT/OTR)</u>	33.00	<u>20.00</u>
<u>97541-00</u>	<u>each additional 15 minutes (RPT/OTR)</u>		<u>18.50</u>

Tests and Measurements

<u>97700-00</u>	<u>Office visit, including one of the following tests, measurements, or evaluation with report: initial 30 minutes (RPT/OTR)</u> <u>a. Orthotic check-out;</u> <u>b. Prosthetic check-out;</u> <u>c. Activities of daily living check-out;</u> <u>d. Follow-up evaluation for extremity testing for strength, dexterity, or stamina</u>		<u>\$ 21.00</u>
<u>97701-00</u>	<u>each additional 15 minutes</u>		<u>21.00</u>
<u>97720-00</u>	<u>Initial evaluation for extremity testing for strength, dexterity, or stamina; initial 30 minutes, each visit (RPT/OTR)</u>	\$ 45.00	<u>32.00</u>
<u>97721-00</u>	<u>each additional 15 minutes (RPT/OTR)</u>		<u>25.00</u>
<u>97752-00</u>	<u>Muscle testing with torque curves during isometric and isokinetic exercise mechanized or computerized evaluators with printout (e.g., by use of cybex or similar type machine); for extremities (RPT/OTR)</u>		<u>55.00</u>
<u>97753-00</u>	<u>for trunk/back</u>		<u>134.40</u>

5221.2900 CHIROPRACTORS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to licensed doctors of chiropractic medicine.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

Subp. 1a. Definitions. For purposes of this part, the following terms have the meaning given them unless the content clearly indicates a different meaning.

A. "Examination/consultation" means inspection of the patient, review of diagnostic tests to diagnose disease or evaluate progress and preparation of an appropriate record.

(1) "Brief examination" means a condition requiring only a routine history and examination.

(2) "Intermediate examination" means a condition involving a diagnostic or management problem and a history and examination.

(3) "Extensive examination" means an unusual amount of effort or judgment and a detailed history and examination of multiple body systems.

B. "Initial office visit with manipulation/adjustment" means the first time a patient is seen for a brief evaluation to determine the appropriate treatment on that date and all necessary spinal manipulative/adjustment procedures rendered.

C. "Subsequent office visit with manipulation/adjustment" means all office visits, except the first one, where a brief evaluation is done to determine appropriate treatment on that day and all necessary spinal manipulation/adjustment procedures rendered.

D. "New patient" means a patient new to the chiropractor or a known patient with a new industrial injury or condition, whose medical and administrative record needs to be established.

E. "Established patient" means a patient whose medical and administrative records are available to the chiropractor.

Subp. 1b. Chiropractor instructions.

A. Use code 09542 to report a second or additional manipulation/adjustment if more than one primary area of injury; for example, if there are separate and distinct injuries to more than one part of the body.

B. Conjunctive therapy modalities must be used in conjunction with adjustment or manipulation on the same day.

Subp. 2. Medicine. The following codes, service descriptions, and maximum fees apply to medical services.

Code	Service	Maximum Fee
Examinations - Includes History and Diagnosis, Office		
09509	Home or nursing home visit with routine chiropractic examination and/or treatment which includes adjustment, manipulation, and/or one unit of conjunctive therapy for the same or new condition	\$ 50.00
09520-00	New patient; brief examination (CHIRO/DC)	\$ 30.00
09521-00	intermediate examination (CHIRO/DC)	40.00
09522-00	extensive examination (CHIRO/DC)	65.00 60.00
09530-00	Established patient; brief examination (CHIRO/DC)	25.00
09531-00	intermediate examination (CHIRO/DC)	36.00 40.00
09532-00	extensive examination (CHIRO/DC)	65.00 60.00
Chiropractic Visit With Manipulation/Adjustment		
09540-00	Visit with manipulation/adjustment, initial; office (CHIRO/DC)	\$ 20.00
09541-00	Visit with manipulation/adjustment, subsequent; office (CHIRO/DC)	22.00
09542-00	Each additional manipulation/adjustment on same day; office, home, or nursing home	12.00

Proposed Rules

Home/Nursing Home Visits

09550-00	<u>Chiropractic visit with manipulation/adjustment (CHIRO/DC)</u>	<u>40.00</u>
09555-00	<u>Visit with cast application to one area; (e.g., short arm, short leg, knee, or elbow)</u>	<u>25.00</u>

Conjunctive Therapy/Modality - Office, Home, or Nursing Home

09560-00	Application of hot pack <u>(CHIRO/DC)</u>	\$ 10.00
09561-00	Application of cold pack <u>(CHIRO/DC)</u>	10.00 <u>11.00</u>
09562-00	Diathermy <u>(CHIRO/DC)</u>	20.00 <u>12.00</u>
09563-00	Electrical stimulation, includes: muscle stimulation, low volt therapy, sine wave therapy, stimulation of peripheral nerve, galvanic <u>(CHIRO/DC)</u>	12.00
09564-00	Intersegmental motorized mobilization <u>(CHIRO/DC)</u>	14.00 <u>12.00</u>
09565-00	Muscle stimulation, manual <u>(CHIRO/DC)</u>	12.00
09566-00	Ultrasound therapy <u>(CHIRO/DC)</u>	12.00 <u>11.00</u>
09567-00	Traction <u>(CHIRO/DC)</u>	13.00 <u>12.00</u>
09568-00	Acupressure, manual or mechanical <u>(CHIRO/DC)</u>	10.00 <u>12.00</u>
09569-00	Acupuncture <u>(CHIRO/DC)</u>	<u>15.00</u>
09570-00	Whirlpool	<u>10.00</u>
09572-00	Infrared - heat lamp <u>(CHIRO/DC)</u>	9.00 <u>7.00</u>
09573-00	Ultraviolet <u>(CHIRO/DC)</u>	11.67 <u>10.00</u>
09574-00	Trigger point therapy <u>(CHIRO/DC)</u>	12.00 <u>13.00</u>
09591-00	<u>Nutritional supplement</u>	<u>15.00</u>
09592-00	<u>Exercise consultation or instruction</u>	<u>25.00</u>
09593-00	<u>Diet consultation/instruction (CHIRO/DC)</u>	<u>25.00</u>

Subp. 3. **Radiology.** The following codes, service descriptions, and maximum fees apply to radiology services, and include both the technical and professional (interpretive) components of the service.

Code	Service	Maximum Fee
71010 <u>CHR</u>	Radiologic examination, chest; (single view, posteroanterior) <u>(CHIRO/DC)</u>	\$ 30.00
Spine and Pelvis		
72010 <u>CHR</u>	Radiologic examination, spine, entire, survey study (14 x 36, anteroposterior and lateral) <u>(CHIRO/DC)</u>	\$ 60.00

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

72020 <u>CHR</u>	Radiologic examination, spine; single view, (specify level) (<u>CHIRO/DC</u>)	40.00 38.00
72040 <u>CHR</u>	Radiologic examination, spine, cervical; limited (<u>CHIRO/DC</u>)	42.00 44.00
72050	comprehensive (minimum four views)	80.00
72070 <u>CHR</u>	Radiologic examination, spine; thoracic (<u>CHIRO/DC</u>)	50.00 55.00
72080 <u>CHR</u>	thoracic, limited (anteroposterior and lateral) (<u>CHIRO/DC</u>)	47.50 52.00
72090 <u>CHR</u>	scoliosis study, comprehensive (<u>CHIRO/DC</u>)	40.00 52.00
72100 <u>CHR</u>	Radiologic examination, spine; lumbar, limited (anteroposterior and lateral) (<u>CHIRO/DC</u>)	51.00 55.00
72114	Radiologic examination, spine, lumbosacral; complete, including bending views	170.00
72170 <u>CHR</u>	Radiologic examination, pelvis; limited (minimum two views) (<u>CHIRO/DC</u>)	42.00 44.00
72180	Radiologic examination, pelvis; stereo	35.00
72190 <u>CHR</u>	complete; (minimum of three views) (<u>CHIRO/DC</u>)	90.00

Upper Extremities

73020 <u>CHR</u>	Radiologic examination, shoulder; limited (one projection) (<u>CHIRO/DC</u>)	\$ 30.00
73030-00	complete, minimum of two views	47.00 54.00
73070 <u>CHR</u>	Radiologic examination, elbow; limited (anteroposterior and lateral) (<u>CHIRO/DC</u>)	40.00 35.00
73100 <u>CHR</u>	Radiologic examination, wrist; limited (anteroposterior and lateral) (<u>CHIRO/DC</u>)	35.00
73110-00	complete, minimum of three views	50.00
73120 <u>CHR</u>	Radiologic examination, hand (<u>CHIRO/DC</u>)	36.00
73140	Radiologic examination, finger or fingers, minimum of two views	30.00

Lower Extremities

73500 <u>CHR</u>	Radiologic examination, hip; limited (one view) (<u>CHIRO/DC</u>)	\$ 30.00 35.00
73510 <u>CHR</u>	Radiologic examination, hip; complete, minimum of two views (<u>CHIRO/DC</u>)	53.00
73560-00	Radiologic examination, knee; anteroposterior and lateral views	40.00
73562 <u>CHR</u>	anteroposterior and lateral, with oblique(s), minimum of three views (<u>CHIRO/DC</u>)	55.00

Proposed Rules

<u>73564-00</u>	<u>complete, including oblique(s),</u> <u>and/or tunnel, and/or patellar and/or</u> <u>standing views</u>	<u>70.00</u>
73600CHR	Radiologic examination, ankle; limited (two views) (CHIRO/DC)	35.00
<u>73610CHR</u>	<u>Radiologic examination, ankle;</u> <u>comprehensive (minimum of three</u> <u>views (CHIRO/DC)</u>	<u>50.00</u>
<u>73620-00</u>	<u>Radiologic examination; foot;</u> <u>anteroposterior and lateral views</u>	<u>32.00</u>

Miscellaneous

<u>76140-00</u>	<u>Consultation on x-ray examination</u> <u>made elsewhere, written report</u>	<u>25.00</u>
-----------------	---	--------------

Subp. 4. **Laboratory.** The following codes, service descriptions, and maximum fees apply to laboratory procedures. Automated, standard chemistry profiles include the following tests.

Code	Service	Maximum Fee
80016	Automated multichannel test; 13-16 clinical chemistry tests	\$ 115.00

Automated Multichannel Test

<u>80019CHR</u>	<u>Automated multichannel tests;</u> <u>19 or more clinical chemistry tests</u> <u>(indicate instrument use and number of tests</u> <u>performed) (CHIRO/DC)</u>	<u>\$ 60.00</u>
-----------------	---	-----------------

Urinalysis

<u>81000-00</u>	<u>Urinalysis; routine (pH, specific</u> <u>gravity, protein tests for reducing</u> <u>substances such as glucose), with</u> <u>microscopy</u>	<u>12.00</u>
<u>81002-00</u>	<u>routine, without microscopy</u>	<u>12.00</u>
<u>81015CHR</u>	Urinalysis; microscopic only (CHIRO/DC)	12.00

Hematology

<u>85022CHR</u>	Blood count; hemogram, automated, and differential WBC count (CBC)	29.00
<u>85031CHR</u>	<u>hemogram, manual, complete CBC</u> <u>(RBC, WBC, Hgb, Hct, differential</u> <u>and indices) (CHIRO/DC)</u>	<u>15.00</u>
<u>85548-00</u>	<u>Morphology of red blood</u> <u>cells, only</u>	<u>42.00</u>
<u>87164</u>	<u>Dark field examination, any source</u> <u>(e.g., penile, vaginal, oral, skin);</u> <u>includes specimen collection</u>	<u>35.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

5221.3000 PODIATRISTS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees in this part apply to licensed doctors of podiatric medicine.

Subp. 2. **Ancillary services.** Services performed by podiatric assistants must be by order of and under the direct on-site supervision of a licensed doctor of podiatric medicine.

Subp. 2- 3. **Medicine.** The following codes, service descriptions, and maximum fees apply to medical services.

Surgery		Maximum Fee
Code	Service	
<u>02229-00</u>	<u>.....</u>	<u>200.00</u>
<u>10060-00</u>	<u>Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, and other cutaneous or subcutaneous abscesses); simple</u>	<u>50.00</u>
<u>10100*00</u>	<u>Incision and drainage of onychia or paronychia; single or simple (POD/DPM)</u>	\$ 48.00 <u>55.00</u>
<u>10101*00</u>	<u>multiple or complicated</u>	<u>75.00</u>
<u>11000*00</u>	<u>Debridement of extensive eczematous or infected skin; up to ten percent of body surface</u>	<u>20.00</u>
<u>11040-00</u>	<u>Debridement; skin, partial thickness</u>	<u>50.00</u>
<u>11050*00</u>	<u>Paring or curettement of benign lesion with or without chemical cauterization; single lesion (POD/DPM)</u>	23.00 <u>25.00</u>
<u>11051*00</u>	<u>Paring or curettement of benign lesion with or without chemical cauterization (such as verrucae or clavi); two to four lesions</u>	<u>21.00</u>
<u>11052-00</u>	<u>more than four lesions (POD/DPM)</u>	25.45 <u>28.85</u>
<u>11420-00</u>	<u>Excision, benign lesion, except skin tag (unless listed elsewhere), hands, feet; lesion diameter up to 0.5 centimeter (POD/DPM)</u>	<u>85.00</u>
<u>11421-00</u>	<u>lesion diameter 0.6 - 1.0 centimeters</u>	<u>99.00</u>
<u>11422-00</u>	<u>lesion diameter 1.1 - 2.0 centimeters</u>	<u>125.00</u>
Nails		
<u>11700*00</u>	<u>Debridement of nails, manual; five or less (POD/DPM)</u>	\$ 48.00 <u>20.00</u>
<u>11701-00</u>	<u>each additional, five or less (POD/DPM)</u>	40.00 <u>15.00</u>
<u>11710*00</u>	<u>Debridement of nails, electric grinder; five or less (POD/DPM)</u>	45.00 <u>26.00</u>
<u>11711-00</u>	<u>each additional, five or less (POD/DPM)</u>	<u>9.00</u>
<u>11730*00</u>	<u>Avulsion of nail plate, partial or complete simple; single</u>	<u>68.00</u>
<u>11750-00</u>	<u>Excision of nail and nail matrix, partial or complete, for permanent removal (POD/DPM)</u>	175.00 <u>200.00</u>
<u>11900*00</u>	<u>Injection, intralesional; up to and including seven lesions</u>	<u>35.00</u>

Other procedures

<u>17100*00</u>	Destruction by any method of benign skin lesions on any area other than the face, including local anesthesia; one lesion (POD/DPM)	35.00 <u>28.00</u>
<u>17110*00</u>	Destruction by any method of flat (plane, juvenile) warts or molluscum contagiosum, milia, up to 15 lesions (POD/DPM)	24.00 <u>30.00</u>
<u>17340*00</u>	<u>Cryotherapy (CO2 slush, liquid N2)</u>	<u>22.00</u>
<u>20550*00</u>	<u>Injection, tendon sheath, ligament, trigger points or ganglion cyst</u>	<u>42.00</u>
<u>20600*00</u>	<u>Arthrocentesis, aspiration and/or injection; small joint, bursa or ganglion cyst (e.g., fingers, toes)</u>	<u>50.00</u>
<u>20605*00</u>	<u>intermediate joint, bursa or ganglion cyst (e.g., wrist, ankle)</u>	<u>45.00</u>
<u>28080-00</u>	<u>Excision of Morton neuroma, single, each</u>	<u>465.00</u>
<u>28124-00</u>	<u>Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), phalanx of toe</u>	<u>325.00</u>
<u>28126-00</u>	<u>Concylectomy, phalangeal base, single toe, each</u>	<u>350.00</u>
<u>28153-00</u>	<u>Resection, head of phalanx, toe</u>	<u>375.00</u>
<u>28285</u>	<u>Hammertoe operation; one toe (e.g., interphalangeal fusion, filleting, phalangectomy) (separate procedure)</u>	<u>400.00</u>
<u>28290-00</u>	<u>Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostectomy Silver type procedure)</u>	<u>593.00</u>
<u>28292-00</u>	<u>Keller, McBride, or Mayo type procedure</u>	<u>930.00</u>
<u>28308-00</u>	<u>Osteotomy, metatarsal, base or shaft, single, for shortening or angular correction; first metatarsal</u>	<u>614.00</u>
<u>29405-00</u>	<u>Application of short leg cast (below knee to toes) (POD/DPM)</u>	<u>100.00</u>
<u>29425-00</u>	<u>Application of short leg case (below knee to toes); walking or ambulatory type</u>	<u>125.00</u>
<u>29540-00</u>	<u>Strapping; ankle (POD/DPM)</u>	15.00 <u>22.00</u>
<u>29550-00</u>	<u>toes (POD/DPM)</u>	18.00 <u>23.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

29580-00	Unna boot (POD/DPM)	22.00 35.00
29590-00	Dennis Browne splint strapping	25.00
36415*00	Routine venipuncture for collection of specimens	10.00
64450-00	Injection, anesthetic agent; other peripheral nerve or branch (POD/DPM)	30.00
<u>Radiology</u>		
73600-00	Radiologic examination, ankle; anteroposterior and lateral views (POD/DPM)	36.96 40.00
73610-00	complete, minimum of three views	45.00
73620-00	Radiologic examination, foot; anteroposterior and lateral views (POD/DPM)	35.00
73630-00	complete, minimum of three views (POD/DPM)	50.00 51.00
73650-00	Radiologic examination; calcaneus, minimum of two views	30.00
73660-00	toe or toes, minimum of two views (POD/DPM)	38.00 30.00
80012-00	Automated multichannel test; 12 clinical chemistry tests	40.00
81000-00	Urinalysis; routine (pH, specify gravity, protein, tests for reducing substances such as glucose), with microscopy	11.00
81002-00	routine, without microscopy	13.00
82947-00	Glucose; except urine (e.g., blood, spinal fluid, joint fluid) (POD/DPM)	13.00
82948-00	blood stick test	12.00
85000-00	Bleeding time; Duke	6.00
85014-00	Blood count; hematocrit	9.00
85018-00	Blood count; hemoglobin, colorimetric (POD/DPM)	6.50 8.00
85022-00	hemogram, automated, and manual differential WBC count	40.00
85345-00	Coagulation time; Lee and White	7.50
87075-00	Culture, bacterial, any source; anaerobic (isolation)	14.00
87101-00	Culture, fungi, isolation; skin	18.00
88302-00	Surgical pathology, gross and microscopic examination of presumptively normal tissue(s), for identification and record purposes	35.00
88304-00	Surgical pathology, gross and microscopic examination of presumptively abnormal tissue(s); uncomplicated specimen	40.00

Proposed Rules

Patient Visits

90000 <u>POD</u>	New patient; brief service (<u>POD/DPM</u>)	27.00
90010 <u>POD</u>	New patient ; limited service (<u>POD/DPM</u>)	35.00
90015 <u>POD</u>	New patient ; intermediate service (<u>POD/DPM</u>)	38.00
90017 <u>POD</u>	<u>extended service (POD/DPM)</u>	<u>45.00</u>
90020 <u>POD</u>	New patient ; comprehensive service (<u>POD/DPM</u>)	35.00
90030 <u>POD</u>	Established patient; minimal service (<u>POD/DPM</u>)	16.00 <u>17.00</u>
90040 <u>POD</u>	Established patient ; brief service (<u>POD/DPM</u>)	22.00
90050 <u>POD</u>	Established patient ; limited service (<u>POD/DPM</u>)	24.00 <u>25.00</u>
90060 <u>POD</u>	Established patient ; intermediate service (<u>POD/DPM</u>)	28.00 <u>29.00</u>
90070 <u>POD</u>	Established patient ; extended service (<u>POD/DPM</u>)	36.00 <u>27.00</u>
90080 <u>POD</u>	<u>comprehensive service (POD/DPM)</u>	<u>40.00</u>

Hospital Medical Services

90115-00	<u>Home medical service, new patient; intermediate service</u>	<u>25.00</u>
90140 <u>POD</u>	<u>Home medical service, established patient; brief service (POD/DPM)</u>	<u>15.00</u>
90200 <u>POD</u>	<u>Initial hospital care; brief history and examination, initiation of diagnostic and treatment programs, and preparation of hospital records (POD/DPM)</u>	\$ 65.00 <u>70.00</u>
90215 <u>POD</u>	<u>Intermediate examination history and examination, initiation of diagnostic and treatment programs, and preparation of hospital records (POD/DPM)</u>	40.00
90300-00	<u>Initial care, skilled nursing, intermediate care, or long-term care facility; brief history and physical examination, initiation of diagnostic and treatment programs, and preparation of medical records</u>	<u>17.00</u>
90315-00	<u>intermediate history and physical examination, initiation of diagnostic and treatment programs, and preparation of medical records</u>	<u>35.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Proposed Rules

<u>90350-00</u>	<u>Subsequent care, skilled nursing, intermediate care or long-term care facility; limited service</u>	<u>15.00</u>
<u>90360-00</u>	<u>intermediate service</u>	<u>25.00</u>
<u>90400-00</u>	<u>Nursing home, boarding home, domiciliary, or custodial care medical service, new patient; brief service</u>	<u>16.00</u>
<u>90410-00</u>	<u>limited service</u>	<u>15.00</u>
<u>90440-00</u>	<u>Nursing home, boarding home, domiciliary, or custodial care medical service, established patient, brief service</u>	<u>13.00</u>
<u>90450-00</u>	<u>limited service</u>	<u>12.00</u>
<u>90600-00</u>	<u>Initial consultation; limited</u>	<u>55.00</u>
<u>90610-00</u>	<u>extensive</u>	<u>35.00</u>

Therapeutic Injections

<u>90782POD</u>	<u>Therapeutic injection of medication (specify); subcutaneous or intramuscular (POD/DPM)</u>	<u>\$ 30.00</u>
<u>90784-00</u>	<u>intravenous</u>	<u>20.00</u>
<u>90788POD</u>	<u>Intramuscular injection of antibiotic (specify) (POD/DPM)</u>	<u>15.00</u>

Physical Medicine

<u>95851POD</u>	<u>Range of motion measurements and report (separate procedure); each extremity (POD/DPM)</u>	<u>\$ 37.50 40.00</u>
<u>97022POD</u>	<u>whirlpool (POD/DPM)</u>	<u>17.44 20.00</u>
<u>97128POD</u>	<u>ultrasound (POD/DPM)</u>	<u>14.00 16.00</u>
<u>L1940</u>	<u>Ankle-foot orthoses, molded to patient model; plastic</u>	<u>79.00</u>
<u>L3000</u>	<u>Foot, insert, removable, molded to patient model (UCB) type Berkeley Shell, each</u>	<u>82.50</u>
<u>L3010POD</u>	<u>Foot, insert, removable, molded to patient model, longitudinal arch support, each (POD/DPM)</u>	<u>105.00</u>

Other Procedures

<u>X1229POD</u>	<u>Radical excision of nail (POD/DPM)</u>	<u>\$ 200.00</u>
<u>97700-00</u>	<u>Office visit, including one of the following tests or measurements, with report:</u>	
	<u>a. Orthotic "check-out"</u>	
	<u>b. Prosthetic "check-out"</u>	
	<u>c. Activities of daily living "check-out"; initial 30 minutes, each visit</u>	<u>25.00</u>
<u>99000-00</u>	<u>Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory</u>	<u>10.00</u>

<u>99025-00</u>	<u>Initial (new patient) visit when asterisked (*) surgical procedure constitutes major service at that visit</u>	<u>20.00</u>
-----------------	---	--------------

5221.3100 PSYCHOLOGISTS AND RULE 29 FACILITIES.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees of this part apply to licensed psychologists and ~~social workers with the master of social work degree or a comparable degree~~ Rule 29 facilities (mental health centers and clinics).

Subp. 2. **Psychological services.** The following codes, service descriptions, and maximum fees apply to psychological services performed by persons meeting the requirements of the Minnesota Board of Psychology as a licensed psychologist (PSYCH).

Code	Service	Maximum Fee
<u>09046-00</u>	Initial office visit with evaluation and history, one hour (PSYCH)	\$ 80.00
<u>09048-00</u>	<u>Initial inpatient hospital visit, including history and evaluation, per hour (POD/DPM)</u>	<u>90.00</u>
<u>09050-00</u>	<u>Initial consultation, one hour (POD/DPM)</u>	<u>85.00</u>
<u>09064-00</u>	Biofeedback, per hour (PSYCH)	75.00 <u>80.00</u>
<u>09065-00</u>	Biofeedback, per half hour (PSYCH)	45.00 <u>47.00</u>
<u>09066-00</u>	Psychotherapy (inpatient, outpatient, office or home) one hour, or biofeedback performed by a licensed consulting psychologist, one hour (PSYCH)	75.00 <u>80.00</u>
<u>09067-00</u>	Psychotherapy, group (maximum ten persons per group), 1-1/2 hours per person (PSYCH)	40.00
<u>09068-00</u>	Psychotherapy (inpatient, outpatient, office or home) half hour, or biofeedback performed by a licensed consulting psychologist, one-half hour (PSYCH)	45.00
<u>09070-00</u>	Family members psychotherapy, conjoint, two or more members, family group, evaluation and therapy per hour (per family charge) (PSYCH)	70.00 <u>75.00</u>

5221.3150 LICENSED CONSULTING PSYCHOLOGISTS AND RULE 29 FACILITIES.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees of this part apply to licensed consulting psychologists (LCP).

Subp. 2. **Psychological services.** The following codes, service descriptions, and maximum fees apply to psychological services performed by persons meeting the requirements of the Minnesota Board of Psychology as a licensed consulting psychologist (LCP).

Code	Service	Maximum Fee
<u>06042-00</u>	<u>Day treatment program (LCP)</u>	<u>\$ 33.00</u>
<u>06043-00</u>	<u>Independent behavior and/or other analyst, counselors, and other therapists (LCP)</u>	<u>75.00</u>

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Proposed Rules

06046-00	<u>Independent social worker services (LCP)</u>	<u>66.00</u>
09046-00	<u>Initial office visit with evaluation and history; one hour (LCP)</u>	<u>80.00</u>
09048-00	<u>Initial inpatient hospital visit, including history and evaluation; per hour (LCP)</u>	<u>90.00</u>
09050-00	<u>Initial consultation; one hour (LCP)</u>	<u>85.00</u>
09051-00	<u>Follow-up consultation; 15 minutes (LCP)</u>	<u>30.00</u>
09061-00	<u>Psychological testing; one hour (LCP)</u>	<u>78.00</u>
09062-00	<u>Follow-up office visit; 15 minutes (LCP)</u>	<u>30.00</u>
09064-00	<u>Biofeedback; per hour (LCP)</u>	<u>80.00</u>
09065-00	<u>per one-half hour (LCP)</u>	<u>47.00</u>
09066-00	<u>Psychotherapy (inpatient, outpatient, office or home) (LCP)</u>	<u>80.00</u>
09067-00	<u>Psychotherapy, group (maximum ten persons per group); per session (LCP)</u>	<u>40.00</u>
09068-00	<u>Psychotherapy, individual one-half hour inpatient, outpatient, office, or home) (LCP)</u>	<u>45.00</u>
09070-00	<u>Family members psychotherapy, conjoint, two or more members, family group, evaluation and therapy per hour (LCP)</u>	<u>75.00</u>

5221.3160 SOCIAL WORKERS.

Subpart 1. **Scope.** The codes, service descriptions, and maximum fees of this part apply to social workers with a master of social work (MSW) degree or a comparable degree.

Subp. 2. **Social worker services.** The following codes, service descriptions, and maximum fees apply to social worker services performed by persons meeting the requirements of the board of social work.

Code	Service	Maximum Fee
06043-00	<u>Independent behavior and/or other analysts, counselors, and other therapists (MSW)</u>	<u>\$ 45.00</u>
06046-00	<u>Independent social worker services (MSW)</u>	<u>70.00</u>

5221.3170 BIOFEEDBACK.

The following codes, service descriptions, and maximum fees apply to biofeedback procedures, and to a provider certified by the Biofeedback Certification Institute of America (BCIA). Anyone doing biofeedback without certification should be under the supervision of a doctor of medicine (M.D.) or a licensed consulting psychologist (LCP).

Code	Service	Maximum Fee
90900-00	<u>Biofeedback training; by electromyogram application (e.g., in tension headache muscle spasm) (BCIA/LCP)</u>	<u>\$ 70.00</u>
90906-00	<u>regulation of skin temperature of peripheral blood flow (BCIA/LCP)</u>	<u>45.00</u>

5221.3200 HOSPITAL; SEMIPRIVATE ROOM CHARGES.

Subpart 1. [Unchanged.]

Subp. 2. **Group 1.** The following hospitals make up group 1:

A. to P. [Unchanged.]

~~Q. Mounds Park Hospital, Saint Paul~~
~~R. Mount Sinai Hospital, Minneapolis~~
~~S. R. North Memorial Medical Center, Robbinsdale~~
~~T. S. Saint Cloud Hospital, Saint Cloud~~
~~U. Saint John's Hospital, Saint Paul~~
~~V. T. St. John's Hospital Northeast, Saint Paul~~
~~W. U. Saint Joseph's Hospital, Saint Paul~~
~~X. V. Saint Luke's Hospital, Duluth~~
~~Y. W. Saint Mary's Hospital, Duluth~~
~~Z. X. Saint Mary's Hospital, Minneapolis~~
~~AA. Y. The Samaritan Hospital, Saint Paul~~
~~BB. Z. United Hospital, Saint Paul~~
~~CC. AA. Unity Medical Center, Fridley~~

Service	Maximum Fee
Group 1 semiprivate room charge for one day	\$ 276.45 <u>293.10</u>

Subp. 3. **Group 2.** The following hospitals make up group 2:

A. to JJJJJ. [Unchanged.]

Service	Maximum Fee
Group 2 semiprivate room charge for one day	\$ 202.57 <u>216.00</u>

Subp. 4. **Group 3.** The following hospitals make up group 3:

- A. Hennepin County Medical Center, Minneapolis
- B. Saint Paul Ramsey Medical Center, Saint Paul
- C. University of Minnesota Hospitals and Clinics, Minneapolis

Service	Maximum Fee
Group 3 semiprivate room charge for one day	\$ 332.56 <u>400.18</u>

Subp. 5. **Group 4.** The following hospitals make up group 4:

- A. Rochester Methodist Hospital, Rochester
- B. Saint Mary's Hospital, Rochester

Service	Maximum Fee
Group 4 semiprivate room charge for one day	\$ 172.80 <u>180.80</u>

5221.3310 EFFECTIVE DATE.

The amendments to the rules in this chapter adopted at .. State Register, page ..., on, are effective five working days after publication of the notice of adoption in the State Register, and apply to all health care services or providers governed by parts 5221.0100 to 5221.3200 provided after that effective date.

REPEALER. Minnesota Rules, parts 5221.0900 and 5221.1400, are repealed.

RENUMBER. Minnesota Rules, part 5221.1000, subpart 7, is renumbered as part 5221.0700, subpart 3, item C, subitems (1) to (20).

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. **Strike outs** indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. **Strike outs** indicate deletions from proposed rule language.

Adopted Rules

The adoption of a rule becomes effective after the requirements of Minn. Stat. § 14.14-14.28 have been met and five working days after the rule is published in *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

An emergency rule becomes effective five working days after the approval of the Attorney General as specified in Minn. Stat. § 14.33 and upon the approval of the Revisor of Statutes as specified in § 14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted emergency rule will be published in the manner provided for adopted rules under § 14.18.

Department of Health

Adopted Rules Amendments Relating to Fees for Food, Beverage, and Lodging Establishments

The rules amendments relating to fees for food, beverage, and lodging establishments proposed and published at *State Register* Vol. 13, #14, pages 817-823, October 3, 1988 (13 S.R. 817) are adopted without modification.

Department of Health

Adopted Rules Amendments Relating to Radiation Control

The rules amendments proposed and published at *State Register* Vol. 13, #16, pages 975-977, October 17, 1988 (13 S.R. 975) are adopted without modification.

Emergency Rules

Proposed Emergency Rules

According to Minn. Stat. of 1984, §§ 14.29-14.30, state agencies may propose adoption of emergency rules if: 1) expressly required; 2) authorized by statute; or 3) if the manner permitted by a directive (given by statute, federal law or court order) does not allow for compliance with sections 14.14-14.28. The agency must, however, publish a notice of intent to adopt emergency rules, along with the rules themselves, in the *State Register*. The notice must advise the public:

- 1) that a free copy of the proposed emergency rule is available upon request from the agency;
- 2) that notice of the date that the rule is submitted to the attorney general will be mailed to persons requesting notification;
- 3) that the public has at least 25 days after publication of the proposed emergency rule to submit data and views in writing; and
- 4) that the emergency rule may be modified if the data and views submitted support such modification.

Adopted Emergency Rules

Emergency rules take effect five working days after approval by the attorney general, and after compliance with Minn. Stat. §§ 14.29-14.365. As soon as possible, emergency rules are published in the *State Register* in the manner provided for in section 14.18.

Emergency rules are effective for the period stated in the notice of intent to adopt emergency rules. This may not exceed 180 days.

Continued/Extended Emergency Rules

Adopted emergency rules may be continued in effect (extended) for an additional 180 days. To do this, the agency must give notice by: 1) publishing notice in the *State Register*; and 2) mailing the same notice to all persons who requested notification on rulemaking. No emergency rule may remain in effect 361 days after its original effective date. At that point, permanent rules adopted according to Minn. Stat. 14.14-14.28 supercede emergency rules.

Department of Agriculture

Adopted Emergency Rules Relating to the Testing of Equipment and Equipment Operators Involved in Determining the Quality and Condition of Grain Received for Purchase or Storage

The rules proposed and published at *State Register*, Volume 13, Number 16, pages 982-984, October 17, 1988 (13 S.R. 982) are adopted as proposed.

Executive Orders

Emergency Executive Order 88-13 Providing for Humanitarian Relief for the Republic of Armenia

I, RUDY PERPICH, GOVERNOR OF THE STATE OF MINNESOTA, by virtue of the authority vested in me by the Constitution and the applicable statutes, do hereby issue this Executive Order:

WHEREAS, the State of Minnesota has volunteered to support the survivors of the recent devastating earthquake in the Republic of Armenia; and

WHEREAS, the Armenian Soviet Socialist Republic is in critical need of medical supplies, clothing, and shelter, the State of Minnesota, as a humanitarian effort, is processing relief supplies at all National Guard Armories for this relief effort; and

WHEREAS, transportation and manpower are necessary to process relief supplies:

NOW, THEREFORE, I hereby order that:

1. The Adjutant General of Minnesota order to active duty on or after December 16, 1988, in the service of the State, such elements and equipment of the military forces of the State as required to provide transportation and manpower to support the Minnesota-Armenia Relief Program for such a period of time as necessary to ensure the shipment of Minnesota supplies to Armenia.

2. The cost of subsistence, transportation, fuel, and pay and allowances of said individuals shall be defrayed from the general fund of the State as provided for in *Minnesota Statutes* 1988, Sections 192.49, Subdivisions 1; 192.51 and 192.52.

Pursuant to *Minnesota Statutes* 1988, Section 4.035, this Order shall be effective December 16, 1988 and shall remain in effect until such date as elements of the military forces of the State are no longer required.

IN TESTIMONY WHEREOF, I have set my hand this sixteenth day of December, 1988.



Rudy Perpich
Governor

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Official Notices

Pursuant to the provisions of Minnesota Statutes § 14.10, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

Board of Marriage and Family Therapy

Meeting Schedule of the Board of Marriage and Family Therapy

NOTICE IS HEREBY GIVEN that regular meetings of the board will be held every third Friday of the month, 10:00 A.M. to 3:00 P.M. at the Office of Social Work and Mental Health Boards Conference Room, Suite 225.

Meeting Dates:

January 20, 1989	July 21, 1989
February 17, 1989	August 18, 1989
March 17, 1989	September 15, 1989
April 21, 1989	October 20, 1989
May 19, 1989	November 17, 1989
June 16, 1989	December 15, 1989

Office of Social Work and Mental Health Boards

Meeting Schedule of the Board of Social Work

NOTICE IS HEREBY GIVEN that Regular Board Meetings will be held every first Friday of the month during 1989 as follows:

January 6	July 7
February 3	August 4
March 3	September (will be announced)
April 7	October 6
May 5	November 3
June 2	December 1

Time: 1:00 - 4:30 p.m.

Place: COLONIAL PARK OFFICE BUILDING
Room 225, Conference Room

Meetings are held in the office of Social Work and Mental Health Boards' conference room, suite 225, Colonial Park Office Building, 2700 University Ave. West, St. Paul, Minnesota 55114.

Minnesota Pollution Control Agency

Division of Air Quality

Notice of Intent to Solicit Outside Opinion Regarding Proposed Rules to Amend Air Pollution Permit Fees (*Minnesota Rules* Part 7002.0010-.0100)

NOTICE IS HEREBY GIVEN that the Minnesota Pollution Control Agency (Agency) is seeking information or opinions from sources outside the Agency in preparing to promulgate amendments to the rules which establish the fees to be paid the Agency for issuing air quality pollution control permits and enforcing these permits. The promulgation of these rules is authorized by *Minnesota Statute* section 116.07, subd. 4d (1986). This rule, in association with the Agency's enabling legislation, provides authority for the State of Minnesota to collect fees from air quality permit applicants and permittees for the purpose of reviewing, issuing and enforcing air pollution control permits.

The Agency requests information and comments concerning the subject matter of these rules. Interested or affected persons or groups may submit statements of information or comment orally or in writing. Written or oral statements relating specifically to the subject matter of the rule should be submitted to Mr. Joel Smith at the address and telephone number listed below. Oral comments and inquiries will be accepted by Mr. Smith during regular business hours over the telephone or in person at the Agency offices as follows:

Mr. Joel C. Smith
Division of Air Quality
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota
Telephone: (612) 296-7512

Gerald L. Willet
Commissioner

Minnesota Pollution Control Agency

Outside Opinion Sought Regarding Amendments of State Water Quality Standards (Minnesota Rules Chapter 7050)

NOTICE IS HEREBY GIVEN that the Minnesota Pollution Control Agency (agency) is seeking opinions, suggestions, and comments from sources outside the agency to assist in the preparation of proposed amendments to state water quality standards found in *Minnesota Rules* Chapter 7050. Chapter 7050 includes general standards applicable to all waters of the state, numerical water quality standards for the protection of specific beneficial uses such as swimming and fishing, effluent standards for dischargers, and a use classification system for all waters of the state.

The Clean Water Act Amendment of 1987 requires states to establish water quality standards for certain toxic substances. The guidance from the U.S. Environmental Protection Agency to states on how to meet these requirements says states can adopt numerical standards or the procedures for developing numerical standards, or both. The agency is seeking opinions on any portion of the cited rule, but is particularly interested in comments on the following changes the agency is considering to comply with the federal requirements. The issues the agency must address in these amendments are very technical. To assist the public in providing opinions, the changes the agency is considering will be followed by questions to serve as examples of issues the public may wish to comment on.

1. Procedures for developing standards for toxic substances. The agency is proposing to include a detailed procedure in the rule that will be used to set numerical water quality standards for surface waters. The procedure the agency is considering will protect fish and other aquatic organisms, the health of people who catch and eat fish, and wildlife that eat aquatic plants and animals. The range of toxic substances for which standards must be set includes common industrial chemicals such as solvents and petroleum by-products, trace metals such as lead and mercury, and pesticides such as chlordane and atrazine. Some of these substances have direct toxic effects on aquatic life (systemic), some are believed to cause cancer, and some are bioaccumulative or persistent in the environment.

Some of the specific questions or issues raised as a result of this area of rulemaking are:

a. The agency is currently mandated to control toxic pollutants in toxic amounts, but the public may wish to comment on the level of protection that the agency should try to achieve with the new standards. For example, should standards designed to protect aquatic life be set low enough to protect all species, including the most sensitive species in the aquatic community? Should standards designed to protect people that eat fish taken from Minnesota's lakes and rivers be set to protect people who eat freshwater fish on a daily basis or should standards be set to protect a more typical consumer who eats freshwater fish about once a month.

b. The agency is required to consider the economic impact of the proposed amendments but the weight given to economics is open for comment. To what extent should the standards take into account potential costs to consumers, communities, businesses and industries that must meet the standards?

c. Does the public have specific ideas as to how the economic consideration can be addressed.

2. Procedures for implementing standards for toxic substances. The agency is considering new procedures to implement the new standards. How standards are implemented can have as much effect on how protective the standards are as the process of setting the standards. Implementation includes issues such as the appropriate averaging period for standards, how often standards can be exceeded without causing significant harm to the resources being protected, and how standards are used to set effluent limitations for dischargers. The agency recognizes that these are very technical issues but the public may wish to consider these questions:

Questions for comment:

a. The averaging period for standards is the number of hours or days over which measured concentrations are averaged when the standard is applied. For example, should a standard set at a level that protects aquatic organisms throughout their life cycle be averaged over one day, four days, or some other time period? How long should the averaging period be for standards that protect human consumers of fish over a 70 year life span?

Official Notices

b. Should effluent limitations be set such that the standard is met downstream of a discharge at a specified low stream flow? How should this flow be determined for streams?

c. The current requirements are that no discharge, and no part of the zone in the receiving stream where a discharge mixes with the stream, can be acutely toxic. Is this an adequate level of control for toxic materials?

d. Can an allowable flow or dilution be determined for discharges to lakes? The agency's current practice is to require discharges of toxics to lakes to meet the water quality standards in the discharge in most situations.

Any person may submit data or opinions on these possible amendments or any other provisions in the cited rule. Comments may be written or oral. Any written material received in response to this notice will become a part of any rulemaking record generated in this matter.

Written comments and statements may be submitted to Mr. David Maschwitz at the address listed below:

Minnesota Pollution Control Agency
Division of Water Quality
520 Lafayette Road
St. Paul, MN 55155

Oral comments and inquiries may be directed to Mr. Maschwitz during normal business hours at the agency office or over the telephone at (612) 296-7255.

Written and oral comments will be accepted until January 31, 1989.

Gerald L. Willet
Commissioner

State Contracts and Advertised Bids

Pursuant to the provisions of Minn. Stat. § 14.10, an agency must make reasonable effort to publicize the availability of any services contract or professional and technical services contract which has an estimated cost of over \$2,000.

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over \$10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and final submission date of completed contract proposal. Certain quasi-state agencies are exempted from some of the provisions of this statute.

Commodities contracts with an estimated value of \$15,000 or more are listed under the Procurement Division, Department of Administration. All bids are open for 7-10 days before bidding deadline. For bid specifics, time lines, and other general information, contact the appropriate buyers whose initials appear in parentheses next to the commodity for bid, by calling (612) 296-6152.

Department of Administration: Materials Management Division

Contracts and Requisitions Open for Bid

Call 296-2600 for information on a specific bid, or to request a specific bid.

Commodity: Software
Contact: Joan Breisler 612-297-2729
Bid due date at 2pm: December 28
Agency: Jobs & Training
Deliver to: St. Paul
Requisition #: 21200 20018

Commodity: Lease—computer equipment
Contact: Bernadette Vogel 612-296-3778
Bid due date at 2pm: December 28
Agency: Human Services
Deliver to: Brainerd
Requisition #: 55304 08030

Commodity: Control total stations
Contact: Joyce Dehn 612-296-2621
Bid due date at 2pm: December 29
Agency: MN Department of Transportation
Deliver to: St. Paul
Requisition #: 79000 92599

Commodity: Ford E 152 cargo
Contact: Brenda Thielen 612-296-9075
Bid due date at 2pm: December 29
Agency: Jobs & Training Department
Deliver to: Minneapolis
Requisition #: 21607 76179

Commodity: 1989 Ford E150 124" wheel base
Contact: Brenda Thielen 612-296-9075
Bid due date at 2pm: December 27
Agency: Jobs & Training Department
Deliver to: Minneapolis
Requisition #: 21607 77131

Commodity: 1988 or newer 4-door sedan
Contact: Brenda Thielen 612-296-9075
Bid due date at 2pm: December 27
Agency: Jobs & Training Department
Deliver to: Minneapolis
Requisition #: 21607 75864

State Contracts and Advertised Bids

Commodity: Purchase of copier
Contact: Theresa Ryan 612-296-7556
Bid due date at 2pm: December 27
Agency: DNR
Deliver to: Various
Requisition #: 29005 12264

Commodity: Traffic marking paint
Contact: Joan Breisler 612-297-2729
Bid due date at 2pm: January 4
Agency: MN Transportation Department
Deliver to: Various
Requisition #: 79100 08969 etc.

Commodity: Wang upgrade
Contact: Bernadette Vogel 612-296-3778
Bid due date at 2pm: December 29
Agency: Employee Relations
Deliver to: St. Paul
Requisition #: 24000 95586

Commodity: Large electric lamps:
fluorescent, incandescent, etc.
Contact: Pam Anderson 612-296-1053
Bid due date at 2pm: December 29
Agency: Various
Deliver to: Various
Requisition #: Price Contract

Commodity: Ford automobile, station wagon & light truck parts
Contact: Dale Meyer 612-296-3773
Bid due date at 2pm: December 29
Agency: Various
Deliver to: Various
Requisition #: Price Contract

Commodity: Walk-in cooler/freezer
Contact: Joseph Gibbs 612-296-3750
Bid due date at 2pm: December 30
Agency: Agriculture Department
Deliver to: St. Paul
Requisition #: 04661 92207

Commodity: Ultracentrifugal scintillation system spectrophometers
Contact: Joseph Gibbs 612-296-3750
Bid due date at 2pm: December 30
Agency: State University
Deliver to: Bemidji
Requisition #: 26070 14001

Commodity: Robotic sampler
Contact: Joseph Gibbs 612-296-3750
Bid due date at 2pm: December 30
Agency: MN Department of Health
Deliver to: Minneapolis
Requisition #: 12400 29185

Commodity: System 36 software
Contact: Joan Breisler 612-297-2729
Bid due date at 2pm: December 30
Agency: Jobs & Training Department
Deliver to: St. Paul
Requisition #: 21200 20015

Commodity: Surveying equipment
Contact: Joyce Dehn 612-296-2621
Bid due date at 2pm: December 21
Agency: MN Transportation Department
Deliver to: St. Paul
Requisition #: 79000 92683

Contract Awards—Materials Management Division

Item: Library furniture
Req. #: 02310 16383 01
Awarded to: Olm Equipment Inc., Eden Prairie, MN
Awarded amount: \$24,547.00
Awarded date: December 14, 1988
Expir/deliv date: March 18, 1989
Shipped to: Rochester Community College

Item: Van conversion for handicapped
Req. #: 21607 72627 01
Awarded to: Superior Ford, Minneapolis, MN
Awarded amount: \$13,892.00
Awarded date: December 14, 1988
Expir/deliv date: February 13, 1989
Shipped to: Various Locations

Item: Computer software purchase (non-PC)
Req. #: 21200 19816 01
Awarded to: IBM Corp., Minneapolis, MN
Awarded amount: \$382,205.00
Awarded date: December 14, 1988
Shipped to: Minnesota Department of Jobs and Training

Item: Maintenance contract equipment only
Req. #: 24000 91610 01
Awarded to: Sovran Inc., Bloomington, MN
Awarded amount: \$8,820.00
Awarded date: December 14, 1988
Expir/deliv date: January 1, 1989
Shipped to: Minnesota Department of Employee Relations

Item: Service other purchased
Req. #: 43000 10360 01
Awarded to: Finish Line, Cable, WI
Awarded amount: \$13,200.00
Awarded date: December 14, 1988
Expir/deliv date: December 30, 1988
Shipped to: Giants' Ridge Recreation Area

Item: Radio communications equipment: mobile/portable
Req. #: 43000 09575 02
Awarded to: Jayen Inc., Duluth, MN
Awarded amount: \$7,266.00
Awarded date: December 14, 1988
Expir/deliv date: December 31, 1988
Shipped to: Giant's Ridge Recreation Area

State Contracts and Advertised Bids

Item: Laundry & dry cleaning equipment

Req.#: 55105 08261 01

Awarded to: Arrow Laundry Equipment Co., Minneapolis, MN

Awarded amount: \$33,620.00

Awarded date: December 14, 1988

Expir/deliv date: March 14, 1989

Shipped to: St. Peter Regional Treatment Center

Item: Computer, personal computers

Req.#: 67140 10271 02

Awarded to: Apple Computers Inc., Rolling Meadows, IL

Awarded amount: \$5,386.00

Awarded date: December 14, 1988

Expir/deliv date: January 17, 1989

Shipped to: Department of Revenue

Item: Auto hd truck & van

Req.#: 78630 08343 01

Awarded to: Haugen Brown Ford, Farmington, MN

Awarded amount: \$16,667.00

Awarded date: December 14, 1988

Expir/deliv date: February 28, 1989

Shipped to: Minnesota Correctional Facility

Item: Construction & highway maintenance equipment

Req.#: 79382 01545 01

Awarded to: Long Lake Ford Tractor, Long Lake, MN

Awarded amount: \$36,984.00

Awarded date: December 14, 1988

Expir/deliv date: January 31, 1989

Shipped to: Minnesota Department of Transportation

Item: Road clearing & cleaning equipment

Req.#: 79382 01517 01

Awarded to: Borchert Ingersoll Inc., St. Paul, MN

Awarded amount: \$74,875.00

Awarded date: December 14, 1988

Expir/deliv date: December 27, 1988

Shipped to: Minnesota Department of Transportation

Item: Lumber & related basic wood

Req.#: 79100 08968 01

Awarded to: Itasca Lumber Co., Grand Rapids, MN

Awarded amount: \$9,580.00

Awarded date: December 14, 1988

Expir/deliv date: January 5, 1989

Shipped to: Minnesota Department of Transportation

Item: Cutting edges and blades

Req.#: 79800 03354 01

Awarded to: Paper Calmenson Co., St. Paul, MN

Awarded amount: \$7,041.00

Awarded date: December 14, 1988

Expir/deliv date: December 28, 1988

Shipped to: Minnesota Department of Transportation

Item: Computer equipment

Req.#: 04631 92163 01

Awarded to: Copy Duplicating Product, Richfield, MN

Awarded amount: \$6,900.00

Awarded date: December 19, 1988

Expir/deliv date: December 27, 1988

Shipped to: Minnesota Department of Agriculture

Item: Computer equipment

Req.#: 21200 19791 01

Awarded to: Paradyne Corp., Minneapolis, MN

Awarded amount: \$24,185.00

Awarded date: December 19, 1988

Expir/deliv date: December 30, 1988

Shipped to: Minnesota Department of Jobs and Training

Item: Maintenance contract equipment only

Req.#: 21200 19523 01

Awarded to: Lagerquist Corp., Minneapolis, MN

Awarded amount: \$13,200.00

Awarded date: December 19, 1988

Shipped to: Minnesota Department of Jobs and Training

Item: Vending machine

Req.#: 21200 19912 01

Awarded to: Vendors Supply & Service, Bloomington, MN

Awarded amount: \$6,975.00

Awarded date: December 19, 1988

Expir/deliv date: December 30, 1988

Shipped to: Minnesota Department of Jobs & Training

Item: Air conditioning and refrigeration supplies

Req.#: 26071 18405 01

Awarded to: Goodin Co., St. Paul, MN

Awarded amount: \$7,709.00

Awarded date: December 19, 1988

Expir/deliv date: February 23, 1989

Shipped to: Mankato State University

Item: Air conditioning and refrigeration supplies

Req.#: 26071 18406 01

Awarded to: Schwab Vollhaber Lubratt, St. Paul, MN

Awarded amount: \$10,168.00

Awarded date: December 19, 1988

Expir/deliv date: February 15, 1989

Shipped to: Mankato State University

Item: Auto hd truck & van

Req.#: 27157 48027 01

Awarded to: Thane Hawkins, White Bear, MN

Awarded amount: \$8,999.00

Awarded date: December 19, 1988

Expir/deliv date: March 15, 1989

Shipped to: Iver Hills Community College

Item: Large van

Req.#: 27155 55075 01

Awarded to: Rathert Chevrolet Inc., Duluth, MN

Awarded amount: \$14,981.05

Awarded date: December 19, 1988

Expir/deliv date: March 15, 1989

Shipped to: Rainy River Community College

Item: Poultry

Req.#: 78620 00269 01

Awarded to: Armour & Co., St. Paul, MN

Awarded amount: \$5,480.00

Awarded date: December 19, 1988

Shipped to: Minnesota Correctional Facility

State Contracts and Advertised Bids

Item: Janitorial & refuse disposal service
Req. #: 78760 02507 01
Awarded to: Suburban Disposal, Red Wing, MN
Awarded amount: \$7,968.00
Awarded date: December 19, 1988
Shipped to: Minnesota Correctional Facility

Item: Electronic component parts & accessories
Req. #: 79050 23582 01
Awarded to: Act Electric Inc., Eden Prairie, MN
Awarded amount: \$12,000.00
Awarded date: December 19, 1988
Expir/deliv date: December 31, 1988
Shipped to: MN/DOT, Electrical Services

Item: Construction & highway maintenance equipment
Req. #: 79382 01531 01
Awarded to: Ziegler Inc., Minneapolis, MN
Awarded amount: \$341,186.00
Awarded date: December 19, 1988
Expir/deliv date: May 29, 1989
Shipped to: Various Locations

Item: Road clearing & cleaning equipment
Req. #: 79382 01535 01
Awarded to: MacQueen Equipment Inc., St. Paul, MN
Awarded amount: \$7,600.00
Awarded date: December 19, 1988
Expir/deliv date: September 29, 1989
Shipped to: MN/DOT, Central Shop

Item: Auto hd truck & van
Req. #: 79382 01561 01
Awarded to: Thane Hawkins, White Bear, MN
Awarded amount: \$16,936.00
Awarded date: December 19, 1988
Expir/deliv date: March 15, 1989
Shipped to: MN/DOT, Central Shop

Item: Clothing hazardous & safety
Req. #: 79900 03741 01
Awarded to: Minnesota Associate Rehabilitation, St. Paul, MN
Awarded amount: \$6,017.50
Awarded date: December 19, 1988
Expir/deliv date: February 1, 1989
Shipped to: Minnesota Department of Transportation

Item: Client purchases for VOC-rehab S/F/T/B
Req. #: 21604 55384 01
Awarded to: Medical Aids Inc., Eagan, MN
Awarded amount: \$6,850.00
Awarded date: December 15, 1988
Shipped to: Various Locations

Item: Computer equipment
Req. #: 24000 98715 01
Awarded to: Wang Lab Inc., Bloomington, MN
Awarded amount: \$13,574.68
Awarded date: December 15, 1988
Expir/deliv date: January 17, 1989
Shipped to: MN Department of Employee Relations

Item: Computer, personal computers
Req. #: 27147 47137 01
Awarded to: Data Source, Bloomington, MN
Awarded amount: \$25,700.00
Awarded date: December 15, 1988
Expir/deliv date: December 30, 1988
Shipped to: Vermilion Community College

Item: Chromatographs, liquid-column
Req. #: 32200 18949 01
Awarded to: Dionex Corp., Itasca, IL
Awarded amount: \$44,748.20
Awarded date: December 15, 1988
Expir/deliv date: December 30, 1988
Shipped to: MN Pollution Control Agency

Item: Computer equipment
Req. #: 37010 51698 01
Awarded to: Apple Computer Inc., Rolling Meadows, IL
Awarded amount: \$5,966.00
Awarded date: December 15, 1988
Expir/deliv date: January 9, 1989
Shipped to: MN Department of Education Receiving

Item: Computer equipment
Req. #: 79000 92451 01
Awarded to: Inacomp Computer Centers, Plymouth, MN
Awarded amount: \$6,181.00
Awarded date: December 15, 1988
Expir/deliv date: December 29, 1988
Shipped to: MN Department of Transportation

Item: Telephone & Telegraph equipment
Req. #: 26071 18356 01
Awarded to: Sea Inc., Brooklyn Park, MN
Awarded amount: \$7,480.00
Awarded date: December 16, 1988
Expir/deliv date: January 16, 1989
Shipped to: Mankato State University

Item: Auto HD truck & van
Req. #: 26071 18291 01
Awarded to: North Star Dodge Center, Minneapolis, MN
Awarded amount: \$16,125.00
Awarded date: December 16, 1988
Expir/deliv date: March 15, 1989
Shipped to: Mankato State University

Item: Truck, pick-up ½ ton 4 x 2 per state S
Req. #: 27153 20148 01
Awarded to: Thane Hawkins, White Bear, MN
Awarded amount: \$8,373.00
Awarded date: December 16, 1988
Expir/deliv date: March 15, 1989
Shipped to: North Hennepin Community College

Item: Fire alarms (furnish & install)
Req. #: 27000 60013 01
Awarded to: Custom Communications, Rochester, MN
Awarded amount: \$7,135.00
Awarded date: December 16, 1988
Expir/deliv date: December 23, 1988
Shipped to: Rochester Community College

Item: Fish hatchery equipment
Req. #: 29000 51129 01
Awarded to: Brisson Pump Co., North St. Paul, MN
Awarded amount: \$13,146.00
Awarded date: December 16, 1988
Expir/deliv date: January 19, 1989
Shipped to: Department Natural Resources

Item: Fish hatchery equipment
Req. #: 29000 51130 01
Awarded to: Brisson Pump Co., North St. Paul, MN
Awarded amount: \$72,135.00
Awarded date: December 16, 1988
Expir/deliv date: January 19, 1989
Shipped to: Department Natural Resources

State Contracts and Advertised Bids

Item: Fish hatchery equipment
Req.#: 29000 51131 01
Awarded to: Brisson Pump Co., North St. Paul, MN
Awarded amount: \$20,646.00
Awarded date: December 16, 1988
Expir/deliv date: January 19, 1989
Shipped to: Department Natural Resources

Item: Fish hatchery equipment
Req.#: 29000 51132 01
Awarded to: Brisson Pump Co., North St. Paul, MN
Awarded amount: \$24,045.00
Awarded date: December 16, 1988
Expir/deliv date: January 19, 1989
Shipped to: Department Natural Resources

Item: Auto HD truck & van
Req.#: 78550 06593 01
Awarded to: North Star Dodge Center, Minneapolis, MN
Awarded amount: \$12,490.00
Awarded date: December 16, 1988
Expir/deliv date: March 15, 1989
Shipped to: MN Correctional Facility

Item: Large van, 15 passenger
Req.#: 78760 02524 01
Awarded to: North Star Dodge Center, Minneapolis, MN
Awarded amount: \$16,125.00
Awarded date: December 16, 1988
Expir/deliv date: March 15, 1989
Shipped to: MN Correctional Facility

Item: Meat fresh, frozen, canned, cured
Req.#: 78830 09586 02
Awarded to: Armour & Co., St. Paul, MN
Awarded amount: \$5,401.00
Awarded date: December 16, 1988
Shipped to: MN Correctional Facility

Item: Auto HD truck & van
Req.#: 79382 01547 01
Awarded to: Thane Hawkins, White Bear, MN
Awarded amount: \$627,752.00
Awarded date: December 16, 1988
Expir/deliv date: March 15, 1989
Shipped to: MN/Dot, Central Shop

Item: Computer equipment
Req.#: 21200 20014 01
Awarded to: IBM Corp., Minneapolis, MN
Awarded amount: \$512,578.40
Awarded date: December 20, 1988
Expir/deliv date: January 20, 1989
Shipped to: Various Locations

Item: Motorcycle & scooter
Req.#: 29002 17034 01
Awarded to: Honda Yamaha Sports, Bemidji, MN
Awarded amount: \$24,582.00
Awarded date: December 20, 1988
Expir/deliv date: April 1, 1989
Shipped to: DNR—Northern Service Center

Item: Meat, fresh, frozen, canned, cured
Req.#: 78620 00268 04
Awarded to: Champion meats & catering, St. Paul, MN
Awarded amount: \$15,639.10
Awarded date: December 20, 1988
Shipped to: MN Correctional Facility

Item: Meat, fresh, frozen, canned, cured
Req.#: 78630 08373 02
Awarded to: Champion Meats & Catering, St. Paul, MN
Awarded amount: \$6,825.45
Awarded date: December 20, 1988
Shipped to: MN Correctional Facility

Department of Administration: Print Communications Division

Printing vendors for the following printing contracts must review contract specifications in printing buyers office at 117 University Avenue, Room 134-B, St. Paul, MN.

Commodity: Preprinted envelopes: 30M 11½" × 14¼" 28# brown Kraft, self-seal latex flap; 40M windowed 8¾" × 11¼" 28# brown Kraft—both printed and self-seal latex flap
Contact: Printing buyer's office
Bids are due: December 27
Agency: Human Services Department
Deliver to: St. Paul
Requisition #: 3884 & 5

Commodity: Authorization/invoice 5M 6-part form, 11½" × 8½" 1-sided, type to set full carbons between each sheet, continuous feed
Contact: Printing buyer's office
Bids are due: December 28
Agency: Jobs & Training Department
Deliver to: St. Paul
Requisition #: 3904

Commodity: Mailing labels, 1,500 (3 rolls of 500) 3½" × 5" type to set, 1-sided, rounded corners, with adhesive
Contact: Printing buyer's office
Bids are due: December 28
Agency: Trade & Economic Development Department
Deliver to: St. Paul
Requisition #: 3895

State Contracts and Advertised Bids

Commodity: Reimburseable account location breakdown, 10M 2-part form continuous, type to set, 2-sided, 8½" × 11" overall

Contact: Printing buyer's office

Bids are due: December 29

Agency: Jobs & Training Department

Deliver to: St. Paul

Requisition #: 3903

Commodity: Self brochure 50M 20 pages self cover, 6⅞" × 9" folded to 3⅞" × 9", camera ready, 3-colors

Contact: Printing buyer's office

Bids are due: December 29

Agency: Higher Education Coordinating Board

Deliver to: St. Paul

Requisition #: 3742

Commodity: MCCA communicator paper, 50M 8½" × 11", camera ready, 1-sided

Contact: Printing buyer's office

Bids are due: December 30

Agency: MN Community College System

Deliver to: St. Paul

Requisition #: 3910

Commodity: Posters & outdoor board:
25 46" × 67" camera ready 4-color; 2M
22" × 30" camera ready 4-color; 50
21" × 72" camera ready 2-color; 20
21" × 70" camera ready 2-color; 70
125" × 270" camera ready 2-color

Contact: Printing buyer's office

Bids are due: December 29

Agency: Public Safety Department

Deliver to: Various

Requisition #: 3911 2 3 4

Commodity: Uniform case report, 5M pages 1-6; 5M pages 2-6, with black carbon interleave, 8½" × 11", negs furnished

Contact: Printing buyer's office

Bids are due: December 30

Agency: Corrections Department

Deliver to: St. Paul

Requisition #: 3900

Commodity: Approval label, 100M 2" × 2¼", type to set, 1-sided on semi-rigid vinyl for outdoor use 1-year lifespan, 200 rolls of 500 labels

Contact: Printing buyer's office

Bids are due: December 30

Agency: Public Service Department

Deliver to: St. Paul

Requisition #: 3934

Contract Awards—Print Communications Division

Item: Case information children

Req.#: 3410

Awarded to: Moore Business Forms, Bloomington

Amount: \$21,640.00

Date: December 20

Deliver to: Department Human Services, New Brighton

Delivery date: 75 days

Item: Normandale Community College catalog '89-90

Req.#: 3491

Awarded to: Viking Press, Eden Prairie

Amount: \$27,874.00

Date: December 19

Deliver to: Normandale Community College, Bloomington

Delivery date: 60 days

Item: 1989 Minnesota boating guide

Req.#: 3604

Awarded to: Printed Media Services

Amount: \$25,611.00

Date: December 20

Deliver to: Department Natural Resources, St. Paul

Delivery date: As requested

Item: Case information basic case data

Req.#: 3411

Awarded to: Moore Business Forms, Bloomington

Amount: \$38,959.00

Date: December 20

Deliver to: Department of Human Services, New Brighton

Delivery date: 75 days

Item: Minnesota employment

Req.#: 3573

Awarded to: Printing Solutions, Bloomington

Amount: \$15,840.00

Date: December 20

Deliver to: Department Jobs & Training, St. Paul

Delivery date: 25 days

Item: Energy options for the 1990s

Req.#: 3632

Awarded to: Twin City Litho, Roseville

Amount: \$4,100.00

Date: December 16

Deliver to: Public Service Department, St. Paul

Delivery date: 28 days

Department of Jobs and Training

Office of the Commissioner

Notice of Request for Proposals for Summer Programs 1989

The Minnesota Department of Jobs and Training, Office of the Commissioner, is publishing notice that the request listed below is available and will be awarded for the current year 1989 (April 1, 1989 to August 31, 1989).

1) The Commissioner's Office of the Department of Jobs and Training (DJT), Minnesota Services for the Blind and Visually Handicapped (SSB) is seeking Organization(s) to conduct Three Multi-Faceted Summer Experience programs for Youth and Young Adults who are visually impaired and multi-handicapped. A summation of the services to be provided is as follows:

State Contracts and Advertised Bids

A) A Work Experience program for twenty blind and/or visually impaired students between the ages of sixteen and nineteen.

B) An Environment Training Program for twelve blind and/or visually impaired, moderately mentally handicapped high school age students.

C) An Independent Living Skills Program for twelve blind and/or visually impaired young adults who also have a communication disorder (e.g., deaf, blind, blind/multi-handicapped, whose primary mode of communication is sign language).

The Director of said Organization(s) will be responsible to the Transition Programs Coordinator of SSB in respect to Program Performance. Primary administrative direction will be provided by the Assistant Director of Program Operations Section of SSB. SSB's total contribution towards the activities described in this RFP will not exceed \$90,000.00 (ninety thousand dollars). Any additional costs incurred in the facilitation of these programs is the sole responsibility of the bidder.

Inquiries and requests for copies of the RFP should be directed to:

Michael R. Strom
Transition Programs Coordinator
Services for the Blind
1745 University Avenue West
St. Paul, MN 55104-3690
Telephone: 612-642-0859

All proposals must be received by the close of business (4:30 p.m.) 1/31/89.

Minnesota Environmental Education Board

Regions 5, 7W and 7E Environmental Education Councils

The Availability of Elementary Environmental Education Curriculum Planning and Inservicing Contract

The Minnesota Environmental Education Board, through its Regions 5, 7W, and 7E Environmental Education Councils, intends to issue a half-time consultant contract to one certified teacher to inservice twenty central Minnesota elementary faculties in integrating environmental education into their curriculum programs. Applicants must possess competencies in elementary curriculum planning and inservicing of environmental curricula. Responsibilities also include extensive travel in central Minnesota, post-inservice follow-up with the 20 schools, scheduling and providing inservices, arranging for graduate credit, evaluation and reporting quarterly.

Payment is not to exceed \$18,870.00, which includes salary, professional services, travel and other expenses. The contract will extend from February 1, 1989 to January 30, 1990.

For full information and application packet contact: Pam Landers, Regional Coordinator, Minnesota Environmental Education Board, 1601 Minnesota Drive, Brainerd, MN 56401, (218) 828-2663.

All applications must be received by 4:30 p.m. on January 10, 1989.

Department of Public Service

Energy Division

Notice of Request for Proposals for Contractual Services to Evaluate Wind Generators

The Minnesota Department of Public Service, Energy Division is requesting proposals from firms interested in evaluating the performance of four wind generators located in Minnesota. The products will include monthly reports and a final report which will compare actual power curves and wind speeds for each site with the theoretical or predicted.

Objective:

The objective of this work is to instrument each machine and site, collect performance data, construct a power curve based on collected data, compare actual power to theoretical, and determine expected annual output of each machine using AWEA Performance Standards.

Start and Completion Dates:

This project will start no later than February 28, 1989 and must be completed no later than June 30, 1989.

Project Costs:

The maximum available funding for this contact is \$18,000. Copies of the Request for Proposal are available from:

Paul Helgeson
DPS/Energy Division
900 American Center Building
150 East Kellogg Boulevard
St. Paul, Minnesota 55101
612/297-3067

ALL PROPOSALS MUST BE SUBMITTED TO DPS/ENERGY NO LATER THAN 12:00 NOON, JANUARY 11, 1989.

Department of Public Service

Energy Division

Notice of Request for Proposals for an Energy Efficient Construction Demonstration Project

The Department of Public Service, Energy Division has issued a request for proposals for a contractor to conduct an energy efficient construction demonstration project for Minnesota housing construction trades persons and superintendents. The project includes developing, marketing and providing demonstration sessions on energy efficient housing construction techniques at construction sites.

The total funding available for this project is \$10,000. A project start date of January 30, 1989 is anticipated, and the project must be completed by June 30, 1989. The deadline for receipt of proposals is 2:00 p.m., January 9, 1989.

A copy of the Request for Proposals may be obtained from Bruce Nelson, Senior Engineer, Department of Public Service, 900 American Center Building, 150 E. Kellogg Blvd., St. Paul, MN 55101, telephone (612) 297-2313.

Non-State Public Contracts

The *State Register* also serves as a central marketplace for contracts let out on bid by the public sector. The *Register* meets state and federal guidelines for statewide circulation of public notices. Any tax-supported institution or government jurisdiction may advertise contracts and requests for proposals from the private sector.

It is recommended that contracts and RFPs include the following: 1) name of contact person; 2) institution name, address, and telephone number; 3) brief description of project and tasks; 4) cost estimate; and 5) final submission date of completed contract proposal. Allow at least three weeks from publication date (four weeks from date article is submitted for publication). Surveys show that subscribers are interested in hearing about contracts for estimates as low as \$1,000. Contact the editor for further details.

Ramsey County Public Library

Contract Available for Consultant to Provide Staff Support for Library Planning and Development

Contract Available February 1, 1989-June 30, 1989

A five-month contract is available for a consultant to provide staff support to the Ramsey County Library Board in its planning and library development functions. The person should have extensive experience in at least two of these areas: project management, public relations, strategic and futures planning. Duties will include the following:

- Assisting the Board in its futures planning.
- Community and public relations, including scheduling of meetings and events and preparation of press releases.
- Liaison with a wide range of local groups.
- Research, documentation and preparation of background and summary documents.
- Fulfilling other assignments as directed by the Library Board.

Non-State Public Contracts

Qualifications

The candidate must show evidence of demonstrated ability in the areas listed above. The person needs to have excellent communication and interpersonal skills, the ability to work effectively with diverse groups and individuals, and the capacity to work under pressure and with deadlines. In addition, the following will be considered as advantages to a candidate:

- Knowledge of information and communications technology.
- Knowledge of the institutions involved in information production and dissemination.
- Knowledge of operations of local government units.
- Enthusiasm for futures planning.
- Preparing documents.

Application Procedures

Interested parties should submit credentials at the Ramsey County Library Administrative Offices, 1910 W. County Road B, Roseville, MN. no later than January 6, 1989. These should include a resumé, the names of three references, and a statement emphasizing the candidate's strengths for the position. Other documentation or samples of written work may be submitted.

State Grants

In addition to requests by state agencies for technical/professional services (published in the State Contracts section), the *State Register* also publishes notices about grant funds available through any agency or branch of state government. Although some grant programs specifically require printing in a statewide publication such as the *State Register*, there is no requirement for publication in the *State Register* itself.

Agencies are encouraged to publish grant notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

Department of Health

Financial Summary of Activities Funded in 1989 for Federal Block Grant for Preventive Health and Health Services

The Minnesota Department of Health has prepared an application for the Preventive Health and Health Services Block Grant for Federal Fiscal 1989. The following is a financial summary of the activities funded in the application:

	<u>Amount</u>
I. Disease Prevention and Control	\$450,000
A. Chronic Disease Epidemiology	
B. Disease Prevention and Control	
C. Acute Disease Programs	
II. Health Promotion and Education	150,000
III. Public Health Laboratories	414,000
IV. Environmental Health	416,000
A. Environmental Field Services	
B. Water Supply and Engineering	
C. Radiation Control	
V. Community Services	282,000
A. Community Services Management	
B. Community Development	
C. Public Health Nursing	

VI.	Health Resources	325,000
	A. Emergency Medical Services	
	B. Poison Information Centers	
VII.	General Support	262,774
	A. Rape Prevention	
	B. Indirect Cost	
	C. Center for Health Statistics	

The Department invites public review and comment. Copies of the application are available upon request. Requests should be sent to David Hovet, Accounting Director, Section of Financial Management, Minnesota Department of Health, P.O. Box 9441, Minneapolis, MN 55440.

Department of Human Services

Notice of Available Grant Funds for Attention Deficit Disorder

PURPOSE

There is \$50,000 available from the Department of Human Services for a grant related to attention deficit disorder (ADD). The grant shall be awarded to a non-profit corporation whose only purpose is to educate people about ADD and to support children with ADD and their families. Grant money awarded under this provision must be used for the following purposes: (1) in-service training for school personnel, including teachers at all levels from early childhood through college and vocational training, on the unique problems of children who suffer from ADD, and (2) support groups for children with ADD and their families.

PROJECT SELECTION CRITERIA

Applications will be reviewed by department staff and others with an expertise in child development.

APPLICATION REQUIREMENTS:

1. Cover letter from Board of Directors of the non-profit organization.
2. Title page, including:
 - Project title;
 - Grant amount requested and time period;
 - Contact person, address and telephone number;
 - Short summary paragraph describing the project.
3. Table of contents.
4. Narrative description:
 - Introduction and overview;
 - Program description;
 - Community involvement;
 - Description of persons served;
 - Agency management capability, staffing and support;
 - Goals and objectives;
 - Line item budget.

APPLICATION DEADLINE

Five copies must be submitted to:

Sandra Erickson
Minnesota Department of Human Services
Children's Services Division
444 Lafayette Road
St. Paul, MN 55155-3832

by January 23, 1989.

Supreme Court Calendar

Listed below are the cases scheduled to be heard by the Minnesota Supreme Court in the next few weeks. This listing has been compiled by the Minnesota State Law Library for informational purposes only. Cases may be rescheduled by the Court subsequent to publication in the *State Register*. Questions concerning dates, locations, cases, etc., should be directed to: Clerk of the Appellate Courts, Room 230 State Capitol, St. Paul, MN 55155 612-296-2581.

January, 1989

Compiled by Dale A. Hansen, (612) 297-4050

Listed below are the cases scheduled to be heard by the Minnesota Supreme Court in the next few weeks. This listing has been compiled by the Minnesota State Law Library for informational purposes only. Cases may be rescheduled by the Court subsequent to publication in the *State Register*. Questions concerning the time and location of hearings should be directed to: Clerk of the Appellate Courts, Room 230 State Capitol, St. Paul, MN 55155 (612) 296-2581.

Tuesday, 3 January 1989 9:00 a.m.

C2-87-2002 CLARENCE E. ILLG, Trustee for the next of kin of NEIL THOMAS ILLG, petitioner, Appellant (Attorney: Benshoof, Hummel, Sinclair, Schurman, Pearson, Evans & Hunt) **vs. FORUM INSURANCE CO., Respondent** (Attorney: Kay Nord Hunt of Lommen, Nelson, Cole & Stageberg, P.A.). Opinion Court of Appeals.

Is Respondent insurance company entitled to seek reimbursement from a third party tortfeasor for the \$25,000 it paid to the Minnesota Special Compensation Fund pursuant to *Minnesota Statutes* § 176.129 subd. 2?

C2-87-2047 NATALIE WEYAUS, as trustee for the heirs and next of kin of CHRISTOPHER WEYAUS, decedent, petitioner, Appellant (Attorney: Rosenmeier & Anderson) **vs. DOUGLAS SAM, Respondent** (Attorney: Mahoney, Dougherty and Mahoney). Opinion Court of Appeals.

Can the owner of a motor vehicle absolve himself of liability for damages caused by the negligent operation of that motor vehicle by his adult son whose license had been revoked when he gave no initial permission to his son for use of the motor vehicle, but had actual knowledge of the unauthorized use eight hours prior to the fatal accident?

Did defendant take all reasonable precautions to prevent unauthorized use before the use began and after learning of the actual use?

Wednesday, 4 January 1989 9:00 a.m.

CX-88-380 STATE OF MINNESOTA, Respondent (Attorney: Lisa A. Berg, Assistant Hennepin County Attorney) **vs. HERBERT ALFRED KELLY, Appellant** (Attorney: Bradford Colbert, Assistant State Public Defender). Judgment Hennepin County.

Did the trial court commit irreversible error by not instructing the jury on heat of passion manslaughter in addition to murder in the first degree where Appellant chased and killed a would-be car thief caught in the act?

Was Appellant denied his constitutional right to present a defense where the trial court prohibited Appellant's character witnesses from testifying about their reaction to the criminal charges filed against Appellant?

Should the trial court have suppressed all statements obtained by the police while executing a search warrant prior to informing Appellant of his constitutional rights?

C6-87-2178 In Re Petition for Disciplinary Action against RICHARD J. CHRYSLER, an Attorney at Law of the State of Minnesota (Attorney for Respondent: Jack S. Norby of Meshbesher, Singer & Spence, Ltd.). Petition for Disciplinary Action.

Does Respondent's failure to file income tax returns for the last 15 years warrant suspension from the practice of law?

Did Respondent prove by clear and convincing evidence substantial mitigating factors including, but not limited to, good conduct as an attorney, future compliance, little or no tax owing, and personal and family difficulties?

Is a stay of all suspension in this case fair and consistent with prior discipline issued by the supreme court in cases of failure to file tax returns?

Thursday, 5 January 1989 9:00 a.m.

C0-87-2337 RICHARD SCHWARDT, et al., Respondents (Attorney: Schneider & Kallestad) **vs. MODERN GRAIN SYSTEMS, INC., petitioner, Appellant** (Attorney: Ruth M. Harvey of Blethen, Gage & Krause), **MODERN FARM SYSTEMS, INC., petitioner, Appellant** (Attorney: Louise Dovre of Rider, Bennett, Egan & Arundel), **RAILOC CO., INC., Respondent** (Attorney: Austin & Roth), **WEB CONSTRUCTION CO., Respondent** (Attorney: Andrew A. Willaert of Hottinger Law Offices). Opinion Court of Appeals.

Have the Respondents raised a genuine issue of material fact regarding Appellant's alleged liability in the manufacture of an allegedly defective ladder sufficient to withstand Appellant's motion for summary judgment where Respondent cannot remember if he was on the ladder immediately prior to being injured?

C0-88-145 CELIA N. PASTER, d/b/a PASTER ENTERPRISES, Respondent (Attorney: Christopher J. Dietzen of Larkin, Hoffman, Daly & Lindgren, Ltd.) **vs. GLEN PAUL COURT NEIGHBORHOOD ASSOCIATION, et al., intervenors, petitioners, Appellants** (Attorney: Mark A. Gray for Blake M. Graham) **vs. CITY OF SHOREVIEW, Respondent** (Attorney: Jerome P. Filla of Peterson, Franke & Riach). Opinion Court of Appeals.

Did Respondent comply with the public hearing and notice requirements of *Minnesota Statutes* § 462.357, subd. 2 prior to the adoption of its 1983 comprehensive zoning regulation?

Monday, 9 January 1989 9:00 a.m.

C9-88-1536 MATHEW WOODWICK, Relator (Attorney: Jerry J. Lindberg for Ronald Drewski, P.A.) **vs. SHAMP'S MEAT MARKET and AMERICAN MUTUAL INSURANCE COMPANY, Respondents** (Attorney: Janet Monson of Gilmore, de Lambert, Aafedt & Forde, P.A.). Order Workers' Compensation Court of Appeals.

Is a minor employee with a permanent injury entitled to temporary partial disability benefits once his post-injury wage exceeds his pre-injury wage?

Does *Minnesota Statutes* § 176.101, subd. 6, require payment of temporary partial disability benefits to a minor at the maximum rate?

C5-87-2401 In Re the Marriage of: JANET SCHMIDT, Respondent (Attorney: Frundt, Frundt, Johnson & Roverud) **vs. DONALD SCHMIDT, petitioner, Appellant** (Attorney: Lawrence Hammerling). Opinion Court of Appeals.

Was the trial court's order as to custody made in violation of Appellant's right to due process of law where Appellant was neither given prior notice nor accorded prior hearing?

Was jurisdiction proper under the Uniform Child Custody Jurisdiction Act where the child had been born in and spent most of his life to date in Georgia?

Tuesday, 10 January 1989 9:00 a.m.

C0-88-1599 PATRICIA L. MELEEN, Plaintiff (Attorneys: Donna L. Roback and Richard T. Wylie) **vs. HAZELDON FOUNDATION, Defendant** (Attorney: Kay Nord Hunt of Lommen, Nelson, Cole & Stageberg, P.A.). Certified Question United States District Court. District of Minnesota, Fourth Division.

Does the statutory bar of *Minnesota Statutes* section 148A.03(d) extend to claims by a former employee, a psychotherapist, for wrongful termination of employment, defamation, negligence, intentional and negligent infliction of emotional distress, and violation of civil rights, when those claims are asserted against that therapist's former employer?

C2-88-597 STATE OF MINNESOTA, Respondent (Attorneys: Paul R. Kempainen, Assistant State Attorney General and Michael Q. Lynch, Kandiyohi County Attorney) **vs. RODNEY ALLEN WARND AHL, Appellant** (Attorney: Cathryn Y. Middlebrook, Assistant State Public Defender). Judgment Kandiyohi County.

Did Appellant knowingly and intelligently relinquish his *Miranda* rights by voluntarily reopening dialogue about the murder and making two additional statements to police?

Was the evidence of past psychological and emotional problems and of a possible "psychotic break" the night of the crime sufficient to show that Appellant was so mentally ill as to be excused from criminal responsibility for the murder committed?

C7-87-1394 JAMES L. SNYDER, petitioner, Respondent (Attorney: Mackall, Crounse & Moore) **vs. CITY OF MINNEAPOLIS, petitioner, Appellant** (Attorney: Jerome F. Fitzgerald, Assistant City Attorney). Opinion Court of Appeals.

Did the acts of the City of Minneapolis in revoking Appellant's building permit based on false information and thereafter refusing to regrant it for 15 months deprive Appellant of due process of law in violation of the Federal Civil Rights Act, 42 U.S.C. § 1983?

Did the City of Minneapolis waive its damage limitation defense under *Minnesota Statutes* § 466.04 by failing to assert this defense in the trial court?

Was the City barred from raising its defense under section 466.04 for the first time on appeal?

Is the limitation of section 466.04 on damages recoverable for municipal torts unconstitutional as a denial of equal protection, due process and the fundamental guarantees of the U.S. Constitution and the Minnesota Constitution?

Supreme Court Calendar

C3-88-687 STATE OF MINNESOTA, Respondent (Attorney: Anne E. Peek, Assistant Hennepin County Attorney) vs. **ROBERT DARREN OLSON, Appellant** (Attorney: Glenn P. Bruder and Bruce C. Douglas). Judgment and Order Hennepin County.

Did the arrest of Appellant without a warrant mandate suppression of all evidence gathered from the seizure?

Did evidentiary rulings by the court concerning the admission of photographs and certain hearsay evidence warrant a new trial?

Did possible misconduct by the prosecutor during closing argument including, among other things, the interjection of the prosecutor's personal experience and beliefs, warrant a new trial?

Was the evidence sufficient to prove that Appellant had knowledge of his friend's intent to commit a felony such that he could reasonably be found guilty of felony murder?

Did irregularity in the course of jury deliberation in the form of a comment made to the jury by a bailiff warrant a new trial?

Wednesday, 18 January 1989 9:00 a.m.

C3-84-146 In Re PROPOSED MINNESOTA PROBATE RULES.

Any person wishing to obtain a copy of the rules write to the Clerk of the Appellate Courts, 230 State Capitol, St. Paul, 55155.

All persons, including members of the Bench and Bar, desiring to present written statements concerning the subject matter of this hearing, but do not wish to make an oral presentation at the hearing, shall file 10 copies of such statement with the Clerk of Appellate Courts on or before January 6, 1989.

All persons desiring to make an oral presentation at the hearing shall file 10 copies of the material to be so presented with the aforementioned Clerk together with 10 copies of a request to make the oral presentation. Such statements and requests shall be filed on or before January 6, 1989.

Supreme Court Decisions

Decisions Filed 23 December 1988

C5-87-3 Mark A. Schneider, petitioner, Appellant v. Harold Buckman, individually and d/b/a Buckman-Schierts Ambulance Service, Pam Buckman. Court of Appeals.

Defendant employer is liable for the 25% negligence attributable to his employee under the doctrine of respondent superior.

The reallocation provision of *Minnesota Statutes* § 604.02, subd. 2 is inapplicable under the facts and circumstances of this case. Defendant Buckman is liable for 100% of the damages awarded to plaintiff.

Reversed, judgment of the district court reinstated. Wahl, J.

Concurring specially, Simonett, J.

Took no part, Kelley, J.

C3-88-57 JoAnne Cardinal, et al. v. Merrill Lynch Realty/Burnet, Inc., Appellant. Hennepin County.

Charging a separate fee for services in connection with the documentation and closing of an ordinary residential real estate transaction which presents neither difficult nor doubtful questions reasonably requiring the application of a trained legal mind does not constitute the unauthorized practice of law.

Reversed. Coyne, J.

Dissenting, Yetka, Kelley & Popovich, JJ.

CX-79-50365 In the Matter of the Application for Reinstatement of Gary L. Williams as an Attorney at Law of the State of Minnesota. Supreme Court.

Reinstatement is warranted under certain conditions where petitioner was suspended from the practice of law until such time as he was competent to assist in his defense in disciplinary proceedings, more than seven years have elapsed after suspension, and the Director has determined that even if all allegations were proven his conduct would not warrant a greater or further discipline.

Petition granted. Popovich, J.

Dissenting, Simonett, Kelley, Coyne, JJ.

C1-88-509 In Re Petition of John A. Zbiegien for Review of the State Board of Law Examiners' Decision. Board of Law Examiners.

Under the facts and circumstances of this case, petitioner will not be barred from the practice of law for a single incident of plagiarism while in law school.

Per Curiam.

Dissent, Kelley & Coyne, JJ.

Announcements

Employers Federal Tax Credit Programs Extended: The federal "Targeted Jobs Tax Credit" program, scheduled to end Dec. 31, has been extended for one year, through Dec. 31, 1989. More than 8,500 workers were certified for the program during this past year by the Dept. of Jobs & Training. The program provides federal tax credits to employers who hire workers from nine targeted groups—workers who traditionally have difficulty in obtaining and holding jobs, including persons with disabilities, young people from low-income families, welfare clients, low-income ex-felons and low-income Vietnam-era veterans. The Technical Corrections Tax Bill of 1988, which extended the program, also made changes in the youth category: 1) the age requirement for low-income youth was reduced from age 18-24 to 18-22; and 2) the tax credit for the summer youth hired was reduced from 85% to 40% of the wages earned. These changes are effective Jan. 1, 1989. Contact the nearest Job Service office for additional information.

Fishing License Reciprocity: Minnesota and Wisconsin signed an agreement to apply common bag limits and size limits by January 1, 1990. All regulations relating to the number of lines, lures and tip-ups will be the same, and seasons will open and close on common dates. It will also allow both states' conservation officers to patrol the rivers from bank to bank. The agreement extends the current use of resident fishing licenses from bank to bank on sections of the St. Croix, Mississippi and St. Louis rivers shared by the two states.

Deer Harvest Down: Preliminary figures suggest that the 1988 deer harvest will be several thousand below the 1987 harvest of 135,000. The reason cited was the unfavorable opening weekend weather conditions in most of northern Minnesota. In the farmland areas of the state the harvest is expected to be equal to or slightly higher than last year. The 1987 firearms harvest was the second-highest on record in the state, exceeded only by the 1985 harvest of 138,000. Firearms deer harvests in the five-year period from 1983-87 have been within the 130,000-138,000 range. Bow and arrow and muzzleloader deer seasons are still open throughout much of the state, with reports for those seasons expected in late January.

Special Deer Harvest: The Minnesota Valley National Wildlife Refuge and Minnesota Department of Natural Resources (DNR) are jointly conducting a deer population reduction program aimed at adjusting deer numbers in the lower Minnesota River Valley to match the capacity of the area's habitat. High deer populations have led to habitat damage from overbrowsing and an increased incidence of automobile-deer collisions. The reduction program is using special archery and shotgun hunts, supplemented by sharpshooting, to harvest a quota of 211 deer this year. These activities are focused on the area between Fort Snelling State Park and Interstate 35W. The hunting and sharpshooting are expected to bring the deer population density from 20 to 25 animals per square mile, down from the current 35 per square mile. Additional reductions will be needed in the future to achieve the ultimate goal of 15 to 25 deer per square mile. For more information, contact: Terry M. Schreiner, (612) 854-5900.

Unpaid Taxes and Refunds Interest Rate Raised: The interest rate on unpaid taxes and on refunds of taxes will be 9%, up one percentage point from 1988 effective January 1, 1989. The Minnesota Revenue Department uses the adjusted prime rate charged by banks as determined by the Federal Reserve Board. The average prime bank-to-business loan interest rate for the six-month period ending on September 30, 1988 was 9.25%. This amount was rounded to the nearest percentage point of 9%. A person or business delinquent in taxes must pay interest on the amount of the penalty owed as well as on the amount of tax owed. Interest is calculated from the date it is due; for individual income tax this date is April 15. On income tax refunds, the department pays interest to taxpayers on refunds of original returns 90 days after the due date or 90 days after the date on which the return was filed if after the due date. The interest rate charge applies to individual and corporate taxes as well as sales and withholding taxes.

Tree Seedlings Sale Deadline: Spring reforestation seedling packets will be sold until Feb. 15, 1989 in 14 southern Minnesota counties and until March 20 in the rest of the state. Seedlings are sold for reforestation, erosion control, soil and water conservation and wildlife cover. Price lists and order forms can be obtained from DNR forestry offices, county extension offices, Soil Conservation Service offices, or by contacting DNR Forestry, P.O. Box 95, Willow River, MN 55795, phone (218) 372-3183 or DNR Central Office, 500 Lafayette Road, St. Paul, MN 55155-4044, phone (612) 297-2973. Seedlings available include Norway and jack pine, black spruce, red cedar, silver maple and black walnut, as well as ginnala maple, Russian olive, buffalo

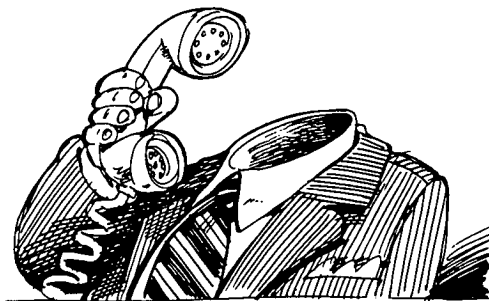
Announcements

berry and caragana shrubs, and a four-season wildlife food packet. These seedlings will remain available while supplies last or until March 20, and can be planted in all counties except: Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Martin, Mower, Olmsted, Rice, Steele, Wabasha, Waseca and Winona. For individuals wishing to plant in these counties, the following trees and shrubs will be available while supplies last or until Feb. 15: white and Norway pine, white and Norway spruce, red cedar, black walnut, ginnala maple, Russian olive, buffalo berry and caragana shrubs, as well as the four-season wildlife food packet. For more information, contact: Meg Hanisch, Forestry Public Affairs Specialist, (612) 296-5958.

Ever called this guy?

1988 & 1989 State of Minnesota Telephone Directory. Get a direct line to the persons you want to speak to. Contains names, numbers, and agencies in the executive, legislative and judicial branches of state government. Four sections give listings alphabetically by name, agency, Minnesota region, plus an index for cross referencing. Over 250 pages, paperback, 8½"x11". Code #1-87, \$10.95

U.S. Government Manual 1987-88. Contains comprehensive information on federal agencies of the legislative, judicial and executive branches of government. Each agency description includes address, phone number, a list of principal officials, a summary of each agency's purpose and programs and activities. Paperback 940 pages with appendices and index. Code #16-46. \$20.00



TO ORDER: Send to Minnesota Documents Division, 117 University Avenue, St. Paul, MN 55155. (612) 297-3000, or toll-free in Minnesota: 1-800-652-9747 and ask for "Documents." Make checks payable to the State of Minnesota. Please include 6% sales tax, and \$1.50 for postage and handling. Prepayment required. Please include daytime phone. VISA/MasterCard orders accepted over phone.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

Department of Commerce Regulated Profession Publications

Banking Laws 1986. Complete text of state law governing banks, trust companies and other financial institutions. Code #2-76 \$29.95

Business and Nonprofit Corporation Act 1987. Laws governing establishment and conduct of for-profit and non-profit corporations in Minnesota. Chapters 80B, 302A, 317. Code #2-87 \$10.00

Fair Labor Standards Act 1987. Minimum wage and overtime compensation standards for employers. Chapter 177. Code #2-75 \$5.00

Insurance Laws 1987. A compendium of laws applicable to the insurance business. Includes chapters on company and individual agents licensing requirements. Code #2-1, \$20.00

Insurance Rules 1987. Essential licensing information for businesses and agents. Includes standards on policies, practices, marketing and continuing education. Code #3-1 \$15.00

Notary Public Laws 1987. Statutory requirements regarding the oath of office, necessary bond, and taking of depositions. Includes an explanation of the term of the office and procedures for removal from office. Code #2-13 \$4.00

Real Estate Laws 1987. Complete and up-to-date extract from the 1986 Minnesota Statutes. Code #2-92 \$6.00

Real Estate Rules 1987. Contains all education and licensing requirements for agents. Chapters 2800, 2805, and 2810. Code #3-99 \$8.00

Securities Laws 1987. Governs the activities of broker/dealers, agents or investment advisors. Chapter 80A. Code #2-12 \$6.00

Securities Rules 1987. Subjects include standards of conduct, equity securities, investment companies and more. Chapter 2875. Code #3-5 \$13.00

Banking Rules 1987. New rules are expected in early fall '87. Call then for more information. Code #3-81, \$6.00

Uniform Commercial Code 1986. Chapter 336, U.S. laws governing trade, including contracts, title, payment, warranties, performance and liability. Code #2-2 \$10.00

Mailing Lists. All kinds available. A catalog will be available in late summer '87. Call to receive a copy. (612) 297-2552 or 296-0930.

TO ORDER: Send to Minnesota Documents Division, 117 University Avenue, St. Paul, MN 55155. (612) 297-3000, or toll-free in Minnesota: 1-800-652-9747 and ask for "DOCUMENTS." Please include 6% sales tax, and \$1.50 postage and handling. Prepayment required. Please include daytime phone. VISA/MasterCard orders accepted over phone.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

Pheasants in Minnesota

Pheasants in Minnesota, focusing exclusively on the ringneck pheasant, this DNR booklet tells of this popular game bird's origin, introduction and development in Minnesota. Through many full-color photos the book shows the pheasant in various settings, tells how to maintain wildlife habitat and explains the wise management of the hunt. A great gift for each member of your hunting party, or as a memento to a special Minnesota hunting vacation. Quantity discounts available. Code #9-13, \$5.95.

Woodworking for Wildlife, delightfully written and carefully illustrated with a variety of game bird and mammal box designs. Includes important information on the placement of nests in proper habitat areas and maintenance requirements. Diagrams, 48 pp. Code #9-14, \$3.95.



TO ORDER: Send to Minnesota Documents Division, 117 University Avenue, St. Paul, MN 55155. (612) 297-3000, or toll-free in Minnesota: 1-800-652-9747 and ask for "DOCUMENTS." Please include 6% sales tax, and \$1.50 postage and handling. Prepayment required. Please include daytime phone. VISA/MasterCard orders accepted over phone.

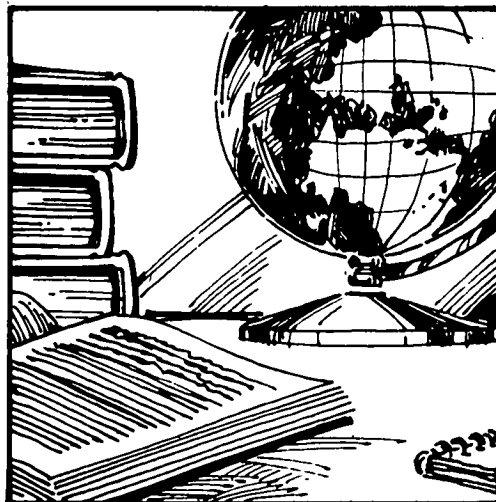
Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

Get Smart with these Education Resources

Board of Teaching-Licensure Rules 1987. Minnesota Rules Chapter 8700. Requirements for the issuance and renewal of all licenses, from vo-tech and hearing impaired to librarians and media generalists. Includes the Code of Ethics for Minnesota Teachers, and standards for teachers prepared in other states. Code #3-74. \$7.00 plus tax.

Education Directory 1988-89. All the elementary and secondary schools in the state. Includes Minnesota school districts, superintendents, boards, principals, district addresses, phone numbers and enrollment figures. Code #1-93, \$7.00 plus tax.

Minnesota Guidebook to State Agency Services 1987-1990. Packed with information to help you cut red tape for easy and fast service from state agencies. Its 640 pages guide you through license requirements, forms, fees, reports, services, grants, and more. Provides hundreds of addresses, phones and agency descriptions. Code #1-4, \$15.00 plus tax.



Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

TO ORDER:

Complete attached order blank. Include either your VISA/MasterCard number with the expiration date, or a check/money order made out to the State of Minnesota. Orders by phone are accepted when purchasing with your VISA/MasterCard or if you have a customer deposit account. Please include a phone number where you can be reached during the day in case we have questions about your order. Please include 6% sales tax and \$1.50 postage and handling.

PREPAYMENT REQUIRED.

Merchandise may be returned at \$1.50 restocking charge, if it is in resalable condition.

NOTE: State Register and other subscriptions do not require sales tax or postage and handling fees. Prices subject to change without notice.

Please allow about 6 weeks for delivery. In a hurry? Stop by our Bookstore. Bookstore Hours 8:00-4:30 M-F

Send your order to:

Minnesota Documents Division
117 University Ave., St. Paul, MN 55155
Metro area 612-297-3000
In Minnesota, toll free 1-800-652-9747

Code No.	Quantity	Description	Item Price	Total
Name or Company			Subtotal	
Attention			Plus 6% tax MN Residents Only	
Address				
City	State	Zip	Postage/Handling (per order)	\$1.50
VISA/MasterCard No. or Cust. Deposit No.			TOTAL	
Signature		Expiration Date	Telephone (During Day)	

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

Good Business Decisions are Made with Good Information

Minnesota Manufacturer's Directory. More than 7,000 entries that include name, address, phone number, staff size, sales volume, market area, year of establishment, type of firm, C.E.O., Sales or Marketing Manager, Purchasing Manager and four major manufactured products. Code #40-2, \$73.00 plus tax.

Business and NonProfit Corporation Act 1987. A handy reference that contains all the state laws governing the establishment and conduct of corporations in Minnesota. Includes *Minnesota Statutes* Chapters 80B, 302, 302A and 317. Code #2-87, \$10.00 plus tax.

Minnesota Guidebook to State Agency Services 1987-1990. Packed with information to help you cut through red tape for easy and fast dealing with state agencies, this treasure of information opens state government to you. Its 640 pages describe agencies, how they work, listing contacts, addresses, phones, and license requirements, grants, forms, reports, maps, publications and much more. Gives historical, statistical and important data useful in hundreds of ways. Code #1-4. \$15.00 plus tax.



Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

Resolve Bargaining Disputes and Grievances

Public Employment Labor Relations Act 1987. The collective bargaining rights and responsibilities of public employers and public employees. Details employees' right to organize and the legislature's authority. Code #2-90, \$5.00 plus tax.

Public Sector Labor Relations in Minnesota. A practical resource and training guide analyzing public sector labor relations in Minnesota. A special emphasis on contract administration, grievance handling and the arbitration process. 286 pages, paperbound. Code #10-51, \$12.50.

Minnesota Guidebook to State Agency Services 1987-1990. A treasure of helpful, useful, and interesting information about Minnesota state government. This important resource guides you through applications, fees, licenses, reports, history and travel highlights. Describes agencies in detail, giving addresses, phones and contact people. Code #1-4, \$15.00 plus tax.



Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

The Rules of the Game—a Wise Investment

Securities Laws, 1987. Governs the activities of broker/dealers, agents and investment advisors. *Minnesota Statutes* Chapter 80A. Code #2-12, \$6.00 plus tax.

Securities Rules, 1987. Rules implementing the legislative mandate. Subjects include equity securities and investment companies. *Minnesota Rules* Chapter 2875. Code #3-5, \$13.00 plus tax.

Minnesota Guidebook to State Agency Services, 1987-1990. Packed with information to help you, this 640-page resource guides you through license requirements, forms, fees, reports, services, grants, and more. Its listing of addresses, phones, and agency descriptions cut red tape for easy and fast service from state agencies. Code #1-4, \$15.00 plus tax.



Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

Minnesota's Bookstore

Publications, Services, Subscriptions

Order Form on Back—For Information, Call 297-3000

NEW PUBLICATIONS:

Minnesota Statutes, 1988. Ten volume set of Minnesota laws. Stock #18-1. \$140 + \$8.40 sales tax.

Minnesota Manufacturer's Directory, 1989. More than 7,000 entries listing name, address, phone, staff size, sales volume, market area, year of establishment, type of firm, CEO, sales or marketing and purchasing managers, and four manufactured products. Stock #40-2. \$76.50 + \$4.59 sales tax.

Human Services Rules, 1988. Covers Human Services Department assistance programs, eligibility standards, grant amounts, AFDC and residence requirements and lots more. Stock #3-95. \$29.95 + \$1.80 sales tax.

Bilingual Resource Directory, 1988-1990. Spanish/English guide to services for Hispanic people including agencies providing bilingual services in Minnesota, local latino groups and organizations, national Hispanic organizations, Latin American and Spanish embassies in the U.S., religious centers that hold bilingual services, Hispanic media—newspapers, magazines, radio and TV, and Greater Minnesota and Metro area Hispanic yellow pages. 184 pp. Stock #1-3. \$6.50 + 39¢ tax.

1988-89 State of Minnesota Telephone Directory. A compilation of state legislative, judicial and executive offices, and agency addresses, phone numbers, and employees. Sections include alphabetical employee listing, agency classified listing, Greater Minnesota and index listings. Over 250 pages. Stock #1-87. \$10.95 plus tax.

Health Care Facilities Directory 1988. A list of hospitals and related institutions licensed and/or certified to deliver various levels of care. The list is alphabetical by county, town and facility name. Stock #1-89. \$16.00.

Landscaping for Wildlife. Attract songbirds, deer, butterflies, hummingbirds, pheasants, and other wildlife to your property by using the tips in this 144-page, 4-color book. Stock #9-15, \$6.95 plus tax. See "Special Set Offer" below.

Woodworking for Wildlife. Carefully illustrated with a variety of game bird and mammal box designs, including maintenance requirements and important tips on placement of nests in proper habitat areas. 47 pages with diagrams. Stock #9-14, \$3.95 plus tax. See "Special Set Offer" below.

"Special Set Offer." Save 10% by purchasing the two books together on wildlife mentioned above. Stock #9-20, \$9.95 plus tax.

OTHER PUBLICATIONS

Our Minnesota. More than 100 full-color photos by Les and Craig Blacklock portray Minnesota in her seasonal beauty, with text from the personal journal of Fran Blacklock's thirty years of traveling the state. Stock #9-23. \$12.95 plus tax.

Minnesota's Geology. The fascinating story of Minnesota's geologic development, from early Precambrian to Quaternary Periods and the state's mineral resources. Stock #19-80. \$18.95 plus tax.

Historic Sites and Place Names of Minnesota's North Shore. John Fritzen, long time employee of the Minnesota DNR draws upon his almost 40 years as a forester, mostly spent on Minnesota's colorful and legendary North Shore, to regale readers with tales of timbermen, pioneer settlers, miners, commercial fishermen and others. Black and white photos. Stock #9-11. \$3.50 plus tax.

1987 Minnesota Rules: Rules of the 75 state agencies authorized to establish rules of conduct and procedure. Code 18-300. \$160 plus \$9.60 sales tax per 11-volume set.

Minnesota Rules 1988 Supplement Number 1. Updates *Minnesota Rules 1987* and is part of the subscription service for that 11-volume set of administrative rules. A second supplement will be available in December 1988.

"Seat Belts Fastened?" Sign. Safety reminder for work, church, club or home, this 12"x18" aluminum sign with black letters on white background features a seat belt "buckle-up" graphic. Stock #19-21, \$16.00.

SUBSCRIPTIONS:

State Register. Minnesota's official weekly publication for agency rules and notices, executive orders of the Governor, state contracts, Supreme Court Calendar, Supreme Court and Tax Court Decisions. Annual subscription \$130; Trial Subscription (13 weeks) \$40.00; Single copies \$3.50.

Workers Compensation Decisions. Volume 40. Selected landmark decisions of the Worker's Compensation Court of Appeals. Annual subscription. \$105.00.

SERVICES:

Mailing Lists. Lists of Minnesota licensed professionals and permit holders. Write or call (612) 297-2552 for a free mailing list catalog which contains available lists, selections, formats, pricing and ordering information.

American Flag. Perfect for home or office. 3' x 5' with embroidered stars. Heavy nylon bunting. Code No. 6-1. \$21.00, plus tax.

1988 Lake Map Index. Listing over 4,000 lake maps. Free.

Minnesota State Documents Center 1988 Catalog. Lists publications available through Minnesota Documents Center. Free.

State Register Binder. Durable 3½ inches, forest green binders imprinted with the *State Register* logo. \$6.50 plus 39¢ tax.



**Department of
Administration**

117 University Avenue • St. Paul, Minnesota 55155

Metro area 612-297-3000

In Minnesota, toll free 1-800-652-9747

Second Class
U.S. Postage
Paid
Permit No.
326630
St. Paul, MN

Please notify us of any address changes so that we can continue to give you our best service. Include your old mailing label to speed your service.

TO ORDER:

Complete attached order blank. Include either your VISA/Mastercard number with the expiration date, or a check/money order made out to the State of Minnesota. Orders by phone are accepted when purchasing with your VISA/Mastercard or if you have a customer deposit account. Please include a phone number where you can be reached during the day in case we have questions about your order.

Please include 6% sales tax and \$1.50 postage and handling.

PREPAYMENT REQUIRED.

Merchandise may be returned if it is in resalable condition.

NOTE:

State Register and other subscriptions do not require sales tax or postage and handling fees.



Metro area (612) 297-3000
In Minnesota toll-free 1-800-652-9747

Prices subject to change without notice.

Please allow about 6 weeks for delivery. In a hurry? Stop by our Bookstore. Bookstore Hours 8 a.m.-4:30 p.m., Monday through Friday.

For Your Convenience, photocopy this order blank

Code No.	Quantity	Description	Item Price	Total
Name or Company			Subtotal	
Attention			Plus 6% tax MN Residents Only	
Address				
City	State	Zip	Postage/Handling (per order)	\$1.50
VISA/Master Card No. or Cust. Deposit No.			TOTAL	
Signature		Expiration Date	Telephone (During Day)	

Legislative Reference Library
Zona DeWitt
645 State office Bldg
INTEROFFICE